

# CHEER USA CHAMPIONSHIP, LLC

## SCHOOL TEAM ELIGIBILITY ROSTER

Complete information below ↓ Please list School/Gym Name the way YOU prefer it to be announced and appear on the schedule.

Team / Gym Name:	Event Attending:
Age Division / Level:	Coach/Gym Owner Name:
Email Address:	Cell Phone:

(Print Clearly), the name, as you want it to appear on performance schedule – Age as of Aug. 31. **PUT AN "X" NEXT TO THE 3<sup>RD</sup> FAMILY MEMBER**

PARTICIPANT'S NAME	Hoodie or Jacket Size	M/F	AGE	X	PARTICIPANT'S NAME (CONT.)	Hoodie or Jacket Size	M/F	AGE	X
<b>Ex. TAYLOR SMITH</b>	<b>YS</b>	<b>F</b>	<b>6</b>	<b>X</b>	<b>Ex. JOHN SMITH</b>	<b>AM</b>	<b>M</b>	<b>15</b>	<b>X</b>
1					21				
2					22				
3					23				
4					24				
5					25				
6					26				
7					27				
8					28				
9					29				
10					30				
11					31				
12					32				
13					33				
14					34				
15					35				

**Please Note the follow:**

- Remember, all accounts **MUST have a "ZERO" balance** before jackets are distributed.
- Participant's gifts will vary this year, events that have participants t-shirts as a gift will have limited youth sizes.
- Once Jackets have been ordered sizes cannot be exchanged for a larger or smaller size.
- Please list the crossover members on the Official Cheer USA Crossover Form. Place an "X" next to the crossover.
- If the Roster is not in office **3-4 weeks prior to the event, jacket sizes are not guaranteed.**
- A Team Eligibility Form is needed for each participating team. If there is a change from the list, please update us with a new Roster.
- **Email: Roster (s) to: [cheerusachampionships@gmail.com](mailto:cheerusachampionships@gmail.com)**

I certify that the above list of participants are current active members of my school/gym and meet the eligibility requirements of the specified division of the team participating. **THIS FORM MUST BE SIGNED BY GYM OWNER or HEAD COACH & NOTARIZED and SIGNED BY SCHOOL OFFICIAL.**

**X** \_\_\_\_\_ Date: \_\_\_\_\_  
 Gym Owner or Head Coach Signature Required

State of \_\_\_\_\_

County of \_\_\_\_\_

I certify that the information provided on the document is true, exact and correct to my knowledge. I also certify that the listed Coaches are responsible for the Athletes listed above.

\_\_\_\_\_  
 Printed Name of Notary Public

\_\_\_\_\_  
 Signature of Notary Public

\_\_\_\_\_  
 Commission Expiration Date of Notary Public

[Seal]