TEXAS★CHEERLEADER magazine

Team Roster Form – fax to: 413-778-6600

Event Name: _____
Team Name: _____
Division: _____

Coach 1: Name: _____ Email: _____
Address: _____ City: _____State:_____ Zip: _____
Cell Phone: _____ Day Phone: _____

Coach 2: Name: _____ Email: _____
Address: _____ City: _____State:_____ Zip: _____
Cell Phone: _____ Day Phone: _____

	Participant Name (please print clearly) Jane Doe	Date of Birth 1/1/19XX	Age 8	Crossover Y or	Crossover Team
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I affirm that all information provided on this form is accurate and all participants on this roster have been added to the appropriate Texas Cheerleader State Championship Division. I understand should the information on this form be falsely represented, in anyway, that my team will be disqualified.

_____ _____
Coach or Gym Owner Signature Date
Please include 1 roster form per team.