

Sierra Spirit Cheerleading Registration

Student Name _____ Age _____
2nd Student Name _____ Age _____
3rd Student Name _____ Age _____
Parent Name _____
Address _____
Home Phone _____ Cell Phone _____
E-mail _____
Emergency Contact _____ Emergency Phone # _____
Allergies _____
School _____

Class Interest

- | | | |
|----------------------------------------------------|--------------------------------------|-----------------------------------------|
| <input type="checkbox"/> All Stars | <input type="checkbox"/> Dance Class | <input type="checkbox"/> Choreography |
| <input type="checkbox"/> Cheer Tumbling | <input type="checkbox"/> Tiny Tots | <input type="checkbox"/> Birthday Party |
| <input type="checkbox"/> Stunt Class | <input type="checkbox"/> Privates | <input type="checkbox"/> Team Coaching |
| <input type="checkbox"/> Cheer Techniques
Class | <input type="checkbox"/> Open Gym | <input type="checkbox"/> Rental Space |
| <input type="checkbox"/> Coed Stunting | <input type="checkbox"/> Cheer Camps | |

Payment type

- Cash
- Check
- Visa _____ EXP _____
- Master Card _____ EXP _____

Comments _____

- | | |
|--------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Called | <input type="checkbox"/> Male |
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Female |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Paid |
| <input type="checkbox"/> Date: _____ | <input type="checkbox"/> Reg. Fee _____ |
| | <input type="checkbox"/> Amount _____ |