

2009 SUMMER STUNT CLINIC
REGISTRATION FORM

JULY 18 – 19, 2009

FIRST 60 COMPLETE APPLICATIONS WILL BE TAKEN.

Name: _____ Cell Phone: _____

High School/College: _____ Senior _____ Junior _____ (Check)

Address: _____

City: _____ State: _____ Zip: _____

Hometown: _____ Email: _____ T-Shirt Size: _____

PARTICIPANT INSURANCE FORM AND WAIVER FORM ARE REQUIRED TO ATTEND THIS CLINIC

Parent Signature

Participant Signature

Mail registration form to:
CHEER AUTHORITY
Attn: David McDowell
2401 Skyland Blvd. E.
Tuscaloosa, AL 35401