

2010 STUNT CLINIC
REGISTRATION FORM

November 14th , 2010

FIRST 60 COMPLETE APPLICATIONS WILL BE TAKEN.

Name: _____ Cell Phone: _____	
High School/College: _____	Senior _____ Junior _____ (Check)
Address: _____	
City: _____	State: _____ Zip: _____
Hometown: _____	Email: _____

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

Parent Signature

Participant Signature

Mail registration form to:
CHEER AUTHORITY
Attn: Christa Grizzle
3740 Resource Drive Unit G
Tuscaloosa, AL 35401