

2010 STUNT CLINIC
REGISTRATION FORM

February 28th , 2010

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: Christa Grizzle
2401 Skyland Blvd. E.
Tuscaloosa, AL 35401