

**2010 STUNT CLINIC**  
**REGISTRATION FORM**

**June 13th , 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