

**TRACIE'S ALL-STAR
TUMBLING & CHEERLEADING**

REGISTRATION FORM

Participant's Name _____ D.O.B. _____ Age _____

Parent/Guardian Name _____

Address _____ City _____ Zip Code _____

Home # _____ Cell # _____ Work # _____

School Attending _____ Grade _____

Please place a check by the classes that most interest you/your child. Please keep in mind that in the spring we will have sign-ups for a competitive All-Star Cheerleading Squad.

*I would like further information on the upcoming All-Star squads sent to the above address.

Please review the description of classes and choose based on you/your child's interest.

Cheerleading

CHEER I ___ CHEER II ___ SQUADS ___ All-Star Squad ___

Tumbling

BEGINNER ___ INTERMEDIATE ___ ADVANCE ___

Camps

SUMMER CAMPS ___ CHRISTMAS CAMPS ___ SPRING BREAK CAMPS

*I am interested in just Tumbling ___

*I am interested in just Cheerleading ___

*I am interested in both classes ___

I heard about TRACIE's from _____
