

Madison Blue Streaks Youth Football Association

Cheerleading Invitational

Sunday October 2, 2016

Individual Form

Cheerleader's Name: _____

Location: _____

Coach: _____

Squad Division: _____

Cheerleader's Age: _____

Contact Phone: _____

Email Address: _____

Please check the individual events you wish to perform in:

_____ Best Original Cheer \$5

_____ Most Cheerful Jumper \$5

_____ Original POM Routine \$5

_____ Original Dance Routine \$5

_____ Pageant \$10

\$_____ Total

I/we understand that the Madison Blue Streaks Youth Football Association and Madison Local Schools are not liable for any personal loss and/or injuries that may occur during this invitational event. I/we also understand that if payment is not received by Sunday September 18, 2016, that this cheerleader will be unable to attend the individual events.

Parent Signature

Date

Coach Signature

Please send this form and your payment (Checks only made out to MBSYFA) to:

Crystal Wesley, Cheer Director, 1769 Madison, OH 44057