

Evergreen Falcons Cheer

TRYOUT APPLICATION

Please bring this completed form to tryouts.

Cheerleader Name: _____

Home Phone: _____ Cheerleader Cell: _____

Address: _____

Cheerleader E-Mail Address: _____

Current Grade: _____ DOB: _____

Parent Contact:

Name: _____

Phone: _____

E-Mail Address: _____

Tumbling Skills: (Check all that apply to you, specify if spot is needed)

Standing Back Hand Spring Running Back Hand Spring

Standing Back Tuck Running Bk Hand Spring Back Tuck

Full Layout Cartwheel Roundoff

Other (Specify) _____

Were you with a previous cheer gym? (If, so which gym and list team level)

Are you interested in being a "Crossover"? (on more than one Falcon team?)

No Yes

I have read and understand the Falcon Cheer Information Packet.

Parent Signature _____ Date _____