

2009 MANCHESTER COLLEGE CHEERLEADING REGISTRATION FORM

Please complete the following information and return to:

Cindy Goshert
7801 West Circle Drive South
Ligonier, IN 46767

(phone: 260-856-4644 email: Cindy_Goshert@mcs.k12.in.us)

NAME: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

E-MAIL: _____

PHONE NUMBER: _____

GENDER: _____ Male _____ Female

CHEERLEADING EXPERIENCE: _____

POSITION: *(check all that apply)* ___ main ___ secondary ___ back ___ top

TUMBLING EXPERIENCE: (not required) _____

DANCE: (not required) _____

STRENGTHS AND WEAKNESSES IN CHEERLEADING/CHEER SKILLS: _____

DESCRIBE WHAT TRAITS YOU HAVE THAT WOULD MAKE YOU A GOOD REPRESENTATIVE FOR OUR CHEER SQUAD:

DESCRIBE YOUR GAME CHEERING ABILITY: *(leadership on the field or floor at games, how well you lead a crowd)*

CHEERLEADING REFERENCES:

High School Cheer Coach: _____

If you didn't cheer in high school, list your reference

NAME: _____

E-MAIL/PHONE: _____

OTHER: _____