

THE SPIRIT CONSULTANTS

(OFFICE) 310.702.3433 WWW.THESPIRITCONSULTANTS.COM (FAX) 310.862.6743

The Spirit Consultants' Summer 2012 College Co-Ed Mini-Camp CHEERLEADER APPLICATION

Cheerleader's First Name: _____ Cheerleader's Last Name: _____

Home Address: _____

Date of Birth: ___/___/___ Age: _____ Grade (as of August 2012): _____

High School: _____ All-Star Gym: _____

Parent (or Legal Guardian) Name: _____

Home Phone #: (_____) _____ - _____ Cell Phone #: (_____) _____ - _____

Parent's Email Address: _____

Cheerleader's Email Address: _____

Cheerleader's Height: _____ feet, _____ inches Cheerleader's Weight: _____

T-Shirt Size: Youth Small ___ Youth Medium ___ Youth Large ___ Youth Extra Large ___ Adult Small ___

Sports Bra Size: Small _____ Medium _____ Large _____

Experience: # of years of cheerleading: _____ # of years flying: _____

List of Cheerleading Accomplishments: (any awards, national championships, or special recognition)

List of Flyer Stunting Skills: (i.e. scorpion double down; full-up heel stretch; etc...)

List of Flyer Tumbling Skills: (i.e. standing back handspring; round-off handspring full; etc...)
