ELITE™

CHEERLEADING & DANCE
NATIONAL CHAMPIONSHIPS

SQUAD MEMBER VERIFICATION FORM

PLEASE COMPLETE AND RETURN BY FRIDAY, MARCH 23, 2007.

Name of School/Organization _____

NAME	TEAM	AGE	GRADE	CROSSOVERS (INDICATE SQUAD)

I verify that the individuals listed above are official members of our school/organization's cheerleading team, and will be competing in Elite™ Cheerleading and Dance National Championships on March 30, 31 and April 1st and that the information is accurate and true.

Advisor Name _____Date_____
(Print)
Advisor Signature _____Date_____

(Duplicate as needed)