



Competitive Cheer Registration

Please Fill Out Form For:

WC/CC Competitive Cheer Team (5th-8th)

Practices 3 times a week, 3-6 exhibition performances, learn more Nov. 5

Cheerleader Name: _____

School: _____

Grade: _____

Address: _____

Home Phone: _____

Date Of Birth: _____

Primary Contact: _____

Primary Contact Email: _____

Primary Contact Cell Number: _____

Allergies/Medical Conditions: _____

Registration Deadline Thursday, November 5

Parent Meeting & Fitting Night

Thursday, November 5 from 6pm-7pm

At the C.A.T. 2770 Knapp St NE, Grand Rapids 49525

MAIL COMPLETED FORM TO:

**WCC Cheer Attn: Ursula Austin
5030 Meadow Spring Trl, Ada MI 49301
Ursulaaustin@gmail.com 616-446-3621**