

Registration Form

Hawks Jr. Cheer Clinic and Game

Please complete all information below and return it to the SFC Cheer Coaches at Sign-In on January 23rd starting at 8:30am (clinic 9am-11am). Payment can be made by Cash or Check to Santa Fe Catholic.

Jr. Cheerleader Information:

Jr. Cheerleader #1

Name: _____ Age: _____ Shirt Size: _____

School: _____ Grade: _____

- _____ **YES** I will cheer at the Friday, Jan. 29th half-time performance
- _____ **NO** I will not be cheering at the Jan. 29th half-time performance

Jr. Cheerleader #2

Name: _____ Age: _____ Shirt Size: _____

School: _____ Grade: _____

- _____ **YES** I will cheer at the Friday, Jan. 29th half-time performance
- _____ **NO** I will not be cheering at the Jan. 29th half-time performance

Jr. Cheerleader #3

Name: _____ Age: _____ Shirt Size: _____

School: _____ Grade: _____

- _____ **YES** I will cheer at the Friday, Jan. 29th half-time performance
- _____ **NO** I will not be cheering at the Jan. 29th half-time performance

Parent Information:

Parent/Guardian Name (please print): _____

Email: _____

Contact phone number in case of emergency: _____

***I give permission for my jr. cheerleader(s) to participate in the activities above.**

Parent Signature: _____ **Date:** _____