## Przam Allstars

## 2023 – 2024 Cheer Tryout Form

Street Address							
City	State			ZIP			
Date of Birth							
Parent/Guardian's Name _	Parent/C	Parent/Guardian's Cell					
Parent/Guardian E-mail Ad	ldress						
Additional Contact (options	al):						
Name	Phone						
NOTE: Teams will not be a placed in a working group a given 5 weeks to show his a Do you want to be placed in **If you wish to participate and will pay an additional a We look forward to having For Dream Allstars Coaching	strictly based offor her entire skills a more than 1 we in a second wo 75 dollars due to you become a p	f the skills perform the skills perform to tear to the sorking group?  The sking group, you increased training the bream the bream the skills performed the bream the skills performed the skills perform t	ormed at tom formation YES  u/your atheing time	heir tryout. on.  NO  nlete will c	Athletes will be		
Standing Tumbling Runni	ng Tumbling	Jumps	Motion	s/Dance	Other		
	Try	out Number					