Dream Allstars

2024 – 2025 Cheer Tryout Form

Athlete's Name				
Street Address				
City	State	ZIF		
Date of Birth				
Parent/Guardian's Name		Parent/Guardian's	Cell	
Parent/Guardian E-mail Addre	ess			
Additional Contact (optional):	:			
Name		Phone		
NOTE: Teams will not be form placed in a working group stri given 5 weeks to show his or b	ctly based off th	he skills performed at the	eir tryout. Athletes will b	е
Do you want to be placed in n	nore than 1 wor	king group? YES	NO	
**If you wish to participate in and will pay the \$25 crossove		ing group, you/your athle	ete will cross down 1 lev	el
We look forward to having yo	u become a par	t of the Dream Allstars F	Samily!	

For Dream Allstars Coaching Staff Use Only:

Standing Tumbling	Running Tumbling	Jumps	Motions/Dance	Other

Tryout Number