

ATTACHMENT G: OFFICIAL CHEERLEADER'S ROSTER
20____ - 20____

CHURCH: _____ TEAM NAME: _____

CAPTAIN'S NAME: _____ TELEPHONE #: _____

ASST CAPT: _____ TELEPHONE #: _____

CHEERLEADER'S NAME (PRINT or TYPE ONLY):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

PLEASE NOTE: If your team has more than 8 cheerleaders, only the first 10 cheerleaders (including the 2 captains) at the game will be admitted free.

APPROVED:

Pastor's Signature:

Commissioner's Signature:

Date:

Date: