

GEORGIA HIGH SCHOOL ASSOCIATION
Region Competitive Cheerleading - School Contestants List

DEADLINE DATE: October 1
Non Co-ed Teams - Send to Region Secretary
Co-ed Teams - Send to GHSA Office

The students listed below will represent _____ High School in the
Region Competitive Cheerleading Tournament. Region _____

Indicate: Non Co-ed _____ **or Co-ed** _____

Each student listed has been properly certified on an eligibility report to the Georgia High School Association.
Substitutions may be made on the following list so long as the student has been declared eligible by the GHSA.
The maximum number of cheerleaders that may perform as a team will be sixteen (16), including the mascot.

The music and the dance used in the routine of the above listed high school cheerleading squad has been approved by the **Principal** as being in good taste for high school students and is acceptable for the morals of their community.

(Signed – PRINCIPAL) (Date)

CONTESTANTS
Please type the following information.

- | | |
|----------|-----------|
| 1. _____ | 9. _____ |
| 2. _____ | 10. _____ |
| 3. _____ | 11. _____ |
| 4. _____ | 12. _____ |
| 5. _____ | 13. _____ |
| 6. _____ | 14. _____ |
| 7. _____ | 15. _____ |
| 8. _____ | 16. _____ |

COACH: _____	MASCOT: _____
Fax Number: _____	COLORS: _____
Coach's Contact Phone Number: _____	Coach's Email Address: _____
Coach's Mailing Address: _____	Coach's Home Phone and/or Cell Phone: _____
_____	_____
_____	_____

(Signature – Principal)