



2019 DEVIL'S DARE REGISTRATION FORM

School Name _____

School Address _____
Street City State Zip

Coach: _____ Asst.Coach _____

Address: _____
Street City State Zip

Phone: _____ Cell: _____ Email: _____

DIVISION (Please check all that apply):

CHEER:			DANCE:		
	All-Girl	Co-Ed		Category	
Pee Wee	<input type="checkbox"/>	<input type="checkbox"/>	Pee Wee	Open	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	Youth	Pom	<input type="checkbox"/>
Junior High	<input type="checkbox"/>	<input type="checkbox"/>	Junior High	Jazz	<input type="checkbox"/>
Junior Varsity	<input type="checkbox"/>	<input type="checkbox"/>	Junior Varsity	Hip-Hop	<input type="checkbox"/>
Varsity	<input type="checkbox"/>	<input type="checkbox"/>	Varsity		
College	<input type="checkbox"/>	<input type="checkbox"/>	College		

Registration Deadline is **Friday, February 1, 2019.**
 All forms and fees must be submitted by the deadline.
 ***Checks must be made payable to: **Brian Moore**

Team Reg. Fee (\$150 per team): _____

*Dance \$50 per additional category: _____

Total Registration Fee: _____

Registration Forms can be emailed to CCSUCheer@gmail.com, faxed to (860) 832-3754
"Attention Cheerleading," or mailed in to:

Brian Moore
26 Deerfield Rd
Waterford, CT 06385

2019 DEVIL'S DARE TEAM ROSTER

TEAM NAME: _____ DIVISION: _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
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27. _____
28. _____
29. _____
30. _____

I hereby give the above students permission to compete in the event hosted by Central Connecticut State University. I am verifying that each participant listed on the aforementioned roster is a student enrolled at this school

Principal/Coach Name (Print)

Date

Principal/Coach Name (Signature)