



Missouri Cheerleading Coaches Association

REGISTRATION FORM - STATE FINALS

Friday/Saturday, November 13&14 Cost: \$10.00 per squad member

Registration Deadline: September 23, 2009

*** Do NOT send registration by registered mail or requiring signature!!!**

BE SURE TO COMPLETE THE BACK OF THIS FORM AND MAIL BEFORE THE DEADLINE.

ABSOLUTELY NO REGISTRATIONS WILL BE ACCEPTED AFTER THE DEADLINE.

NO EXCEPTIONS!

SCHOOL NAME _____

COACH'S NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE NO. _____

EMAIL FOR CONFIRMATION (please write distinctly) _____

ATHLETIC DIRECTOR _____

SCHOOL ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE NO. _____

SQUAD SIZE _____

CLASSIFICATION 1 2 3 4 5 COED

CATEGORY: SMALL LARGE

**** Be sure to include with your registration a 5x 7 glossy color or black and white squad picture. On the back please write:**

1. SCHOOL NAME 2. CLASSIFICATION 3. DIVISION 4. COACHES NAME

Please make check payable to: MCCA

Send check and picture along with registration to: MCCA
Suzy Thompson
904 Wellington Way
Macon, MO 63552

I hereby certify that we are a member school of the Missouri State High School Activities Association and the names of the students that appear below represent our sideline cheerleaders.

SIGNATURE OF COACH _____

SIGNATURE OF ADMINISTRATOR _____

*** Please List/Specify and pay for all squad members and alternates. Use additional sheet if necessary.**

NAME

GRADE IN SCHOOL

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.