



# MISSOURI CHEERLEADING COACHES ASSOCIATION



STATE

2010

REGISTRATION

Friday/Saturday, November 19 & 20 Cost: \$10.00 per squad member

**REGISTRATION DEADLINE: September 23, 2010**

**Absolutely No Registration Form Will Be Accepted If Postmarked After This Date**  
**Do NOT Send This Form By Registered Mail; include a self-addressed postcard for confirmation**  
**Be sure to complete the back of this form before mailing**

School Name: \_\_\_\_\_

Coach's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email for Confirmation: (Please print VERY CLEARLY): \_\_\_\_\_

Athletic Director: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Squad Information**

Squad Size: \_\_\_\_\_

Classification:      1      2      3      4      5      COED      (PLEASE CIRCLE)

Category:              Small              Large              (PLEASE CIRCLE)

**\*\*\*BE SURE TO INCLUDE WITH YOUR REGISTRATION A 5X7 GLOSSY COLOR OR BLACK & WHITE PICTURE OF THE TEAM.  
ON THE BACK OF THE PICTURE WRITE THE FOLLOWING:**

1. School Name
2. Classification
3. Division
4. Coach's Name

**MAKE THE CHECK PAYABLE TO:**  
**Missouri Cheerleading Coaches Association**

**Mail Your Completed Form To:**  
**MCCA**  
**904 Wellington Way**  
**Macon, Missouri 63552**

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

Signature of Coach: \_\_\_\_\_

Signature of Athletic Director: \_\_\_\_\_

	Same of Cheerleader	Grade in School
1		
2		
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If you have alternates, please include them and specify who they are