



**TEAM ROSTER  
CHEERLEADING**

Click here if this is an updated roster

Please return this completed Team Roster to the MSAA Office in Franklin

Please check one:  FALL  WINTER

School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Athletic Director \_\_\_\_\_ Phone \_\_\_\_\_

Coach \_\_\_\_\_ Home Phone \_\_\_\_\_

Email (required): \_\_\_\_\_

Varsity

Junior Varsity

Please indicate your status for the fall season:  **Single Gender team** ~ OR ~  **Coed team**

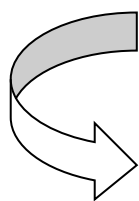
List team members below (maximum of 20 active participants, plus alternates).

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____

I certify that all students listed above are members of the school cheer team. All team members have had a yearly physical and are eligible to compete according to MSAA Cheerleading Rules and Regulations.

Principal's Signature \_\_\_\_\_

Date \_\_\_\_\_



**Check our web site often for updated information regarding the winter cheer season.**

**MSAA Office**  
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