



## **CCYFCL CHEERLEADING COMPETITION** **INTENT TO COMPETE FORM**

As part of the CCYFCL, your program is eligible to participate in the CCYFCL Cheerleading Competition. More information on this will be available throughout the season. Each program will be required to provide volunteers for this event.

The cost to participate is **\$100** per team, payable to CCYFCL, at roster certification.

**Program** \_\_\_\_\_  **will**  **will not be** (Check one)  
participating in the MMYFCL Cheerleading Competition in November.

Area Director Name \_\_\_\_\_

**X** \_\_\_\_\_

Area Director Signature \_\_\_\_\_

Date \_\_\_\_\_

Indicate number of cheerleaders/poms (circle) for each age group & **level of entry 1-4 or E** for Exhibition

### **CHEER**

4-5 \_\_\_\_\_ # of cheerleaders Level: \_\_\_\_\_

5-6 \_\_\_\_\_ # of cheerleaders Level: \_\_\_\_\_

6-8 \_\_\_\_\_ # of cheerleaders Level: \_\_\_\_\_

7-9 \_\_\_\_\_ # of cheerleaders Level: \_\_\_\_\_

8-10 \_\_\_\_\_ # of cheerleaders Level: \_\_\_\_\_

9-11 \_\_\_\_\_ # of cheerleaders Level: \_\_\_\_\_

10-12 \_\_\_\_\_ # of cheerleaders Level: \_\_\_\_\_

11-13 \_\_\_\_\_ # of cheerleaders Level: \_\_\_\_\_

### **POMS**

Age group \_\_\_\_\_ number of poms \_\_\_\_\_ Age group \_\_\_\_\_ number of poms \_\_\_\_\_

Age group \_\_\_\_\_ number of poms \_\_\_\_\_ Age group \_\_\_\_\_ number of poms \_\_\_\_\_

Received on \_\_\_\_\_