



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 _____