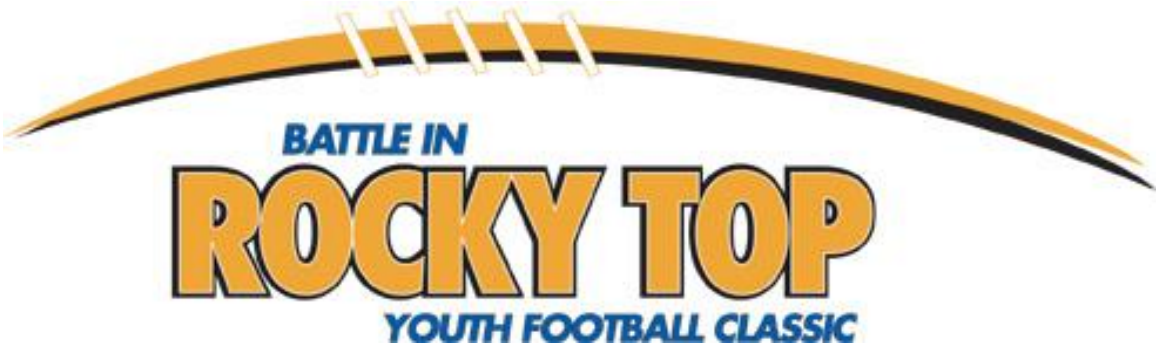

"Battle In Rocky Top" Cheer Competition

Team Name:_____

Ages Of Each Child Participating:

__ __ __ __ __ __ __ __ __ __ __ __

__ __ __ __ __ __ __ __ __ __ __ __

Cheer Coach:_____

Contact Info:_____
Email & Cell Phone

How Many Girls Competing: _____

Please mail completed form to:

B.I.R.T.
7608 Sheffield Lane
Knoxville, TN 37909

Make All Checks Payable To: "Battle In Rocky Top"