

JESUIT CHEERLEADING

Tryout Form

Cheerleaders Name: _____

Catholic High School: _____ **GPA:** _____

Grade Level for Fall (upcoming school year): 8th Freshman Sophomore Junior Senior

Email Address: _____ **Cell: (____)** _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____ **Cell: (____)** _____

Cheerleading Experience (include specific schools, teams, or other experience):

Stunting Experience (include positions and/or skills):

Tumbling Experience (include specific skills):

Why do you feel you would be an asset to the Jesuit Cheerleading team?
