

LAGRANGE

COLLEGE

Cheerleading Tryout Application

Name _____

Parent's Name: _____

Address (include city, state, and zip): _____

Date of Birth _____

Home Phone Number: _____ Cell Number: _____

Email Address: _____

High School or Previous College Attended _____

How many years of Cheerleading experience do you have? _____

Please list previous experience:

Do you have experience as a base, flyer, or spotter? _____

How many years? _____

Do you have any tumbling experience? _____

Please list your experience: _____

Will you need housing arrangements during tryouts? _____