

DUE DATE: 10/31/20

INCLUDE EACH LEVEL'S CERTIFIED ROSTER UPON SUBMISSION AND COPY YOUR DISTRICT CHEER VP.

SUBMIT VIA EMAIL: midfloridacheers19@gmail.com

Team Name:

**Cheer Coordinator's
Name/Contact #/Email:**

PLEASE REVIEW THE CHEER GUIDELINES TO DETERMINE THE LEVEL BEST SUITED FOR YOUR SQUADS.

FLAG - # of Cheerleaders

MITEY MITE - # of Cheerleaders

Check the box that corresponds with the appropriate level.

Level I

Level I Level II

Please check the box that corresponds with your team need

I need a spotter on the mat

I do not need a spotter on the mat

PEE WEE - # of Cheerleaders

JUNIORS - # of Cheerleaders

Check the box that corresponds with the appropriate level.

Level I Level II

Level I Level II

Please check the box that corresponds with your team need

I need a spotter on the mat

I do not need a spotter on the mat

SENIORS - # of Cheerleaders

Check the box that corresponds with the appropriate level.

Level I Level II

Please check the box that corresponds with your team need

I need a spotter on the mat

I do not need a spotter on the mat

Upon receipt of your submission you will receive a confirmation email within 3 business days. Feel free to submit any competition inquiry to the email address above. Expect a response within 48 hours. Please be advised that submission of your certified roster is essential for the correct competition band count.

**The Executive Board reserves the right to modify the band count if needed*