

**Rockaway Township Competition Cheerleading
Cheerleader / Parent Information**

Cheerleader Name: _____

Birthdate: _____ Grade Entering in September: _____

School: _____

Cell Number: _____ Email: _____

Parent/Guardian Name(s): _____

Telephone #: _____ Cell # _____

Address: _____

E-mail: _____

Practice Uniform Sizes: (please specify youth or adult)

T-shirt size: _____ Short size: _____

Parent Shirt Size (spirit shirt):

T-Shirt Size _____