

**Johnson C. Smith University Cheerleading
Tryout Application**

Name: _____
 First Middle Last Nickname

Campus or Local Address: _____
 Dorm room, Street, P.O. Box etc.

Present Phone Number: _____ Cell Phone: _____

E-mail Address: _____

Social Security Number: _____ Student ID Number: _____

Date of Birth: _____
 Month Day Year

Parent's Address: _____
 (If different from above)

Parents Phone Number _____

Year of High School Graduation: _____ GPA: _____

School Currently Attending: _____

Classification or year in school for the _____ - _____ academic years: _____

Major in College: _____

G.P.A. _____

Height: _____ Weight: _____

1) Why do you want to be a Johnson C. Smith University Cheerleader?

2) Tumbling Skills/ Experience: _____

3) Partner Stunting Skills/Experience: _____

4) Other Experience and Accomplishments Related to Cheerleading:

5) What can you contribute to the squad? Why should we pick you?

For more information on our Cheerleading program, contact Peggy Lide at: peggylide@bellsouth.net or the Administrative Assistant office at 704-378-1205.

**** ENCOURAGED TO SEND A SKILLS TAPE AND PHOTO WITH APPLICATION ****

