

Bradford Pumpkin Show Pee Wee Cheerleading Competition Entry Form Contest will be Thursday, October 10, 2024

Name of So	chool:			
Street Addr	ress:			
City:	State:	Zip:	County:	
School Pho	ne:			
N	ame of Cheer Squad:			
N	ame of Advisor:		Phone Number:	
н	ome Address:			
C	Dity:	State:	Zip:	
Е	mail Address:			
D	ivision:			
	r. Varsity Cheer \$30.00 preferably 4 th grade and u		Jr. Varsity Dance \$30 (preferably 4 th grade an	
	arsity Cheer \$30.00 Preferably 5 th & 6 th grade)		Varsity Dance \$30 (Preferably 5 th & 6 grad	
In	dividual (Grades 3-6)	\$20.00		
** UI	* If you have only one s	quad (1-6th grade) serve aged cheerlea	then you should compete aders and only 1-2 varsity	e in the varsity level competitions aged cheerleaders on your squad
ro ha	ster and fees to the add	dress below. (Make	checks payable to: Brad	form, medical release forms, team fford Pumpkin Show). Should you 417-0298 or Marissa Wirrig at 937
	Please mail this Ashley Jones Bradford Pumpk 311 School Stre Bradford, Ohio 4	kin Show- Cheerlea	ading Competition	
А	greement: I have read ar	nd agree to adhere t	o the rules and regulation	ns of the competition.
_			Advisor or I	Principal's signature
The m	edical liability forms m	ust be mailed in w	ith the entry form, team	roster and fee.
	Medical Treatment an	d Liability Form (One for e	each child)	
Bradford Pump illness, I herel this competitio	okin show Competition. In ord by authorize the personnel of	er that my daughter/son the competition to obtain nel and representatives h	medical treatment for my daugarmless in the exercise of this	he treatment in the event of any injury or ghter/son for such injury or illness during authority. I also understand the decision
Parent or Lega	Guardian Signature:		Date:	
Address:		Horne Phone	e: Other phone:	