

# CHEER TEXAS ENROLLMENT FORM

Student Name(s): \_\_\_\_\_

Birthdate: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

How Did You Hear About Us: \_\_\_\_\_

OFFICE USE ONLY: \_\_\_\_\_

Annual Fee: \_\_\_\_\_

Tuition Fee: \_\_\_\_\_

Trial Date: \_\_\_\_\_