

Sponsorship Applicant Information

Dacula Athletic Association Cheerleading



Parent Information (Mother)

Name

First Name Middle Initial Last Name

Address

Street City

Phone #

Cell Phone Work Phone

Email address

Parent Information (Father)

Name

First Name Middle Initial Last Name

Address

Street City

Phone #

Cell Phone Work Phone

Email address

Participant Information

Name

First Name Middle Initial Last Name

School information

Name of School Grade Level

How did you learn about our sponsorship Program?

Have you received assistance from DAA or another association in the last 12 months? YES NO
Circle One

Please provide a brief description of your current hardship

* By accepting assistance for our program, you are required to perform three (3) gate duties. If you do not complete the gate duties required the amount of the previously awarded sponsorship will become payable immediately.

I understand that by signing this form, all the information contained herein is accurate to the best of my knowledge and I hereby agree to the conditions of the assistance if awarded as listed above.

Signature Date