

Association Cheering Staff Contact Information
Due Date: August 1st of the current year

Association: _____

Director Name: _____ ID #: _____

Email: _____

Cell Phone #: _____

Assistant Director Name: _____ ID #: _____

Email: _____

Cell Phone #: _____

Flag Team

Practice Location: _____

Practice Days and Time: _____

Head Coach Name: _____ ID #: _____

Email: _____

Cell Phone #: _____

Assistant Coach Name: _____ ID #: _____

Cell Phone #: _____

Assistant Coach Name: _____ ID #: _____

Cell Phone #: _____

Teen Helpers: Name: _____ Name: _____

Name: _____ Name: _____

Minor Team

Practice Location: _____

Practice Days and Time: _____

Head Coach Name: _____ ID #: _____

Email: _____

Cell Phone #: _____

Assistant Coach Name: _____ ID #: _____

Cell Phone #: _____

Assistant Coach Name: _____ ID #: _____

Cell Phone #: _____

Teen Helpers: Name: _____ Name: _____

Name: _____ Name: _____

Junior Team

Practice Location: _____

Association Cheering Staff Contact Information

Due Date: August 1st of the current year

Practice Days and Time: _____

Head Coach Name: _____ ID #: _____
Email: _____

Cell Phone #: _____

Assistant Coach Name: _____ ID #: _____
Cell Phone #: _____

Assistant Coach Name: _____ ID #: _____
Cell Phone #: _____

Teen Helpers: Name: _____ Name: _____
Name: _____ Name: _____

Senior Team

Practice Location: _____

Practice Days and Time: _____

Head Coach Name: _____ ID #: _____
Email: _____

Cell Phone #: _____

Assistant Coach Name: _____ ID #: _____
Cell Phone #: _____

Assistant Coach Name: _____ ID #: _____
Cell Phone #: _____

Teen Helpers: Name: _____ Name: _____
Name: _____ Name: _____
