

ALL-STAR CHEER CROSS-OVER PERFORMERS



Please print this form and type or clearly handwrite first and last name of each performer that will be participating as a cross-over performer, followed by the number of performances.

Mail this form at least ten days prior to the participation list due date in your Agreement. Your final invoice cannot be calculated without this form. Duplicate as needed.

GYM NAME: _____

NAMES:

NUMBER OF PERFORMANCES:

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