

November 2, 2008 CNU Cheerleading Clinic Registration Form. Please e-mail this form back to Coach Flanigan at flanigan@cnu.edu

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address _____

Home Phone _____ Cell Phone _____

Screen Name _____

Current School Attending _____

High School Graduation Date _____

Base/Flyer/Back _____

Have you applied to CNU or are you planning to? _____

Years of Cheer or Gymnastics Experience _____

List Any Tumbling Skills you Have _____