

BAYLOR SPIRIT SQUADS

ATTACH CURRENT
PHOTOGRAPH HERE
[Copy & paste a picture of yourself
and place in this box]

HIGH SCHOOL CLINIC APPLICATION

Full Name _____

Address _____ City _____ St _____ Zip _____

Day Phone _____ Cell Phone _____

DOB _____ Email _____ Classification (circle) Fr. Soph. Jr. Sr.

Insurance Provider, Policy #, and Policy Holder's Name: _____

Gender (circle) Male / Female Interest (circle) Co-ed / All-Girl / Songleader-Dance / Mascot

T-SHIRT SIZE? _____

Educational Information

High School _____ HS Graduation Date _____ HS GPA _____

Possible College Options _____ College Major _____

Experience Information

Are you currently on a cheer/dance squad? Yes No

Please indicate where _____ Advisor/Coach Name & Email _____

Previous Experience? _____

Summer Plans? _____

Will you be attending the high school clinic on Saturday, January 19 or March 1, 2008?

How did you find out about us?

If you are a current high school student and would like to be added to our recruit database, please fill out this form and fax or email back to us at Email: Susie.Oliver@baylor.edu or Fax to: (254) 710-1369. We MUST have an application on you in order for you to participate in a clinic.

Thank you for your interest.
SIC' EM BEARS!