

# BAYLOR

## SPIRIT SQUADS

ATTACH CURRENT  
PHOTOGRAPH HERE  
[Copy & paste a picture of yourself  
please fit into box]

### INTEREST CLINIC APPLICATION

Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Email \_\_\_\_\_

Classification(circle): High School College Freshmen Sophomore Junior Senior

Insurance Provider, Policy #, and Policy Holder's Name: \_\_\_\_\_  
(Please attach a copy of your current Health Insurance card to this form)

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

T-Shirt Size \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

#### Educational Information

High School \_\_\_\_\_ HS Graduation Date \_\_\_\_\_ HS GPA \_\_\_\_\_

College \_\_\_\_\_ Current GPA \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Admitted to Baylor \_\_\_\_\_ College Major \_\_\_\_\_

#### Experience Information

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

Please indicate where \_\_\_\_\_ Other Previous Experience \_\_\_\_\_

Advisor/Coach Name & Email \_\_\_\_\_

Summer plans? \_\_\_\_\_

Will you be attending the high school clinic on Saturday, January 24 or February 21, 2009?

Please fill out this form and mail it along with your check to Baylor Spirit Squads One Bear Place # 97108 Waco, Texas 76798, attention Susie Oliver. You must have a completed Interest Clinic application, Form D/E Participant, copy of your Health Insurance card and \$30.00 for each clinic. Please make checks payable to Baylor University.

Thank you for your interest.  
**SIC' EM BEARS!**