

# SAMFORD UNIVERSITY

# Cheerleading Clinic

## REGISTRATION FORM

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**T-SHIRT SIZE: (Please circle one)**

- Youth Small
- Youth Medium
- Youth Large
- Adult Small

**PAYMENT METHOD**

- Check (payable to Samford Athletics)
- Visa/Mastercard

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please Return Completed Form to:  
Samford University Athletics Department  
Attn: Cheerleading Clinic  
800 Lakeshore Drive, Birmingham, AL 35229**

