Przam Allstars

2025 – 2026 Cheer Tryout Form

Street Address					
City Date of Birth		·	Z11		
	Ioma		Suandian's Call		
Parent/Guardian's N			Parent/Guardian's Cell		
Parent/Guardian E-r	nail Address				
Additional Contact ((optional):				
Name		Phone	Phone		
NOTE: Teams will in working group base experience. Athletes formation. Do you want to be put appropriate working we look forward to	sed off the skills per will be given 5 wed laced in more than ticipate in a second group (at our discre	formed at their tryoceks to showcase his 1 working group? working group, you etion) and will pay	YES NO ur athlete will cross the \$25 crossover for	nd prior et prior to team	
For Dream Allstars	Coaching Staff Use	Only:	•		
Standing Tumbling	Running Tumbling	Jumps	Motions/Dance	Other	
	ŗ	Fryout Number			