



MTSU COLLEGE PREP CHEER CLINIC REGISTRATION FORM

Date: _____ Email: _____

Name: _____

Address: _____

City / St / Zip: _____

Phone Number: _____

Current High School: _____

Year in School: _____

How many years have you been a cheerleader? _____

At which colleges are you interested in cheering? _____

Registration form and \$25 payment due upon arrival