

CHARLOTTE EXTREME ALLSTARS

ROUTINE CHOREOGRAPHY REQUEST FORM

SQUAD INFORMATION

| | |
|---|--|
| Contact Name: | Contact Phone Number: |
| Contact Email Address: | |
| Team Name: | Team Colors: |
| Team Mascot: | Total Number of Team Members: |
| PLEASE LIST SQUAD STUNTING SKILLS | PLEASE LIST SQUAD TUMBILNG SKILLS |
| | |
| CAMP DATES AND TIMES REQUESTED: | |
| Please list what division your team will compete in as well as what time limit you will need to follow: | |
| Please list any additional information or requests: | |
| Total Team Members: _____ Total Due: \$ _____ Deposit Amt: \$ _____ | Amount Received: \$ _____ Received by: _____ Date Received: _____ |