



GAME DAY
TEAM ROSTER

Please return this completed Team Roster to the MSAA Office along with your Intent to Enter

Please check one: **FALL** **WINTER**

School _____

City _____ Zip _____

Athletic Director _____ Phone _____

Coach _____ Home Phone _____

E-Mail (required) _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify that all students listed above are members of the school game day cheer team. All team members have had a yearly physical and are eligible to compete according to MSAA Cheerleading Rules and Regulations.

Principal's Signature

Date