



***CHEERLEADING
INTENT TO ENTER***

REGIONAL TOURNAMENT

**This form must be completed & returned to the MSSAA office
no later than the Monday prior to the scheduled Regional Tournament Date**

Please check one: FALL WINTER

School _____

City _____ State _____ Zip _____

Athletic Director _____ Phone _____

Coach _____ Home Phone _____

Email (Required) _____ Work (or day) Phone _____

We plan to compete at the MSAA Regional Tournament*: **YES** **NO**
Please return no later than the Monday prior to the scheduled Regional Tournament Date

Team with _____ active participants and _____ subs.
(*enter number*) (*enter number*)