

# William Woods University

## Cheerleading Application

Name: \_\_\_\_\_

Social Security: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

High School/Junior College: \_\_\_\_\_

Coach's Name: \_\_\_\_\_

Phone Number for Coach: \_\_\_\_\_

E-mail for Coach: \_\_\_\_\_

Previous Sports and Sport Honors Earned: \_\_\_\_\_

Other Involvement on Campus or in High School: \_\_\_\_\_

Year in School: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Including this tryout, how many times have you tried out for William Woods Cheerleading: \_\_\_\_\_

Cumulative Grade Point Average (incoming freshman provide H.S. GPA): \_\_\_\_\_

\*\*\*\*\***Please attach copy of last report card**\*\*\*\*\*

Date of Birth: \_\_\_\_\_

Height & Weight: H - \_\_\_\_\_

W - \_\_\_\_\_

Position Trying Out For: (flyer, base, back spot) \_\_\_\_\_

PLEASE ATTACH A PICTURE OF YOURSELF TO THE BOTTOM OF THIS APPLICATION.

**Return This Form  
On First Day of Try-Outs  
Wed. Sept. 4, 2008**

**Or send to  
Jennifer Stracke  
10265 Midgley-Neiss Rd  
Lebanon, IL 62254**

**QUESTIONS:**

**[Jennifer.stracke@williamwoods.edu](mailto:Jennifer.stracke@williamwoods.edu)**

**Or**

**[Heather.vanderborg@williamwoods.edu](mailto:Heather.vanderborg@williamwoods.edu)**