

OFFICIAL HHSAA TOURNAMENT ROSTER

SCHOOL _____

SPORT: CHEERLEADING

PARTICIPANT (Last Name, First)	GRADE	DATE OF BIRTH (Month/Day/Year)	DATE OF 1 st ENTRY TO 9 th GRADE

Principal: _____ Athletic Director: _____ Coach #1: _____

Coach #2: _____ Spotter #1: _____ Spotter #2: _____

Athletic Trainer: _____ Performance Tape Operator: _____ Athletic Director's Signature: _____

Send/Fax To: HHSAA Office, P.O. Box 62029, Honolulu, HI 96839 Fax: 587-4496

DEADLINE: Tuesday, December 1, 2009