## MCC All Stars 2018 - 2019 Evaluation Application

## Personal Information – PLEASE PRINT LEGIBLY

Full Name:		Date of Birth: MM/DD/YYYY	Age as of August 31, 2018
M 1 2 F 1 d N 1	D   1   1		
Member's Evaluation Number:	Email Address:		
G II N			
Cell Phone:			
Contact Person's Name			
Contact I cison's Ivaine			
Previous Cheer Experience	re Ves/No		
If yes, please provide locations and highest level cheered			
Would you consider your child being a crossover (additional fees apply)			
□ Yes			
□ No			
Indicate vous professore	<b>.</b> *•		
Indicate your preference*:  □ Travel Team			
□ Non-Travel Team	2		
NEW CHEERLEADERS TO MCC ALLSTARS MUST SUBMIT ONE OF THE FOLLOWING			
(copies only):	TO MEETILES TIME MEE	T SCENIT ONE O	T THE TOLLOWING
☐ Birth Certificate			
☐ Passport			
☐ Government issued ID			
☐ I give MCC permission to take a photo of my child to have for their file during evaluations			
NOTE: Non-payment of fee will result in not being eligible for try-outs			
MCC Use Only Payment			
Cash Credit Card	Online Registration	Receiver's initials	

<sup>\*</sup>Non-Travel Teams will only compete within the Maryland, Washington, DC and Virginia