



The University of Texas Rio Grande Valley Spirit Program Tryout Information

Co-Ed Cheer Team

Name: _____ UTRGV Student ID #: _____

Personal Email Address: _____ UTRGV Email Address: _____

High School or Transfer College Name: _____

Past Cheer Experience (High School/Competitive Only) _____

PERSONAL INFORMATION

Street Address: _____ City: _____ State: ____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

MAILING ADDRESS INFORMATION (if different from above)

Street Address: _____ City: _____ State: ____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Contact Phone Number(s): _____

Email Address: _____

Name: _____ Relationship: _____

Contact Phone Number(s): _____

Email Address: _____

ADDITIONAL INFORMATION

Are you currently on another Cheer team? ____ Yes ____ No

(If Yes, please provide Team Name) _____

Are you currently a UTRGV student or have you been accepted for the following semester?

____ YES ____ NO ____ Fall ____ Spring ____ Summer 1 ____ Summer 2