

IOWA STATE SPIRIT SQUAD TRYOUTS

Personal Information Sheet

Circle one: Cheer Co-Ed Cheer All-Girl Dance Mascot

I. PERSONAL INFORMATION (please print)

Name: _____
Current Address: _____
City: _____ State: _____ Zip: _____
Current Phone : (_____) _____
Student ID # (9 digits): _____
Date of Birth: _____
Are you at least 18 years of age (circle one): Yes No

II. SUMMER MAILING ADDRESS

Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (_____) _____ Work Phone: (_____) _____
Cell Phone: (_____) _____
Email: (write neatly) _____

III. EMERGENCY CONTACT INFORMATION

Contact Name: _____
Relationship: _____
Home Phone: (_____) _____ Work Phone: (_____) _____
Please list any medications you are currently taking: _____
Please list any current medical conditions: _____

IV. EDUCATION

High School: _____
Year of High School Graduation: _____
College: _____
Status (as of 2007-08 school year): Freshman Sophomore Junior Senior Grad. Student
Major: _____
Expected Date of College Graduation: _____