

2024  
East Paulding High School  
Jr. Raiders Cheer Try-out Packet:

\*Try-out Information

\*Informational Candidate Parent Meeting

March 20, 2024 6:30pm: EPHS Cafeteria

\*Try-Out Schedule: May 13<sup>th</sup>-15<sup>th</sup>  
6-8pm EPHS Main Gym\*

**\*Cost for New Cheerleader purchasing everything: @\$800**

*This is the total cost for a sideline cheerleader.*

*\*These prices are estimated, a confirmed invoice will be provided\**

Many items can be used for more than one season. Returning cheerleaders may not need to purchase all of the items.

***Junior Raider Cheer is for all students in 6<sup>th</sup>-8<sup>th</sup> grade that are districted to attend East Paulding High School. All cheerleaders must currently live in the East Paulding High School District, or be a child of a Paulding County School District Employee.***

Dear Cheerleading Candidate & Parent/Guardian,

Thank you for your interest in trying out for the 2024 East Paulding High School Jr. Raiders cheerleading squad. Cheerleading is a rewarding and exciting sport that teaches teamwork, dedication, sportsmanship, leadership and team spirit. Being chosen to represent East Paulding High School as a cheerleader is a both an honor and a privilege. As an EPHS cheerleader, you will be in the forefront as a representative of our school and will be expected to follow a strict code of conduct, with honor at all times. Keeping this in mind, both you and your parent/guardian should read the following information to ensure you fully understand both the responsibility and commitment expected of you as an East Paulding Junior Raider Cheerleader.

While deciding whether or not to be a part of our cheerleading program, please remember and consider the time, expense, and commitment this sport will require from both the student and the parent. Your commitment will require active participation in after school practice, summer camp, fundraisers, team bonding activities, parades, weekly football games, etc. Due to the fact that cheerleading is a team sport, **one person's inability to follow through on their commitment affects the entire squad.**

This packet should contain all of the information you need during your tryout process. If you have any questions, please feel free to contact us at [jrraidercheer@gmail.com](mailto:jrraidercheer@gmail.com)



## **EPHS Jr. Raider Cheerleading Checklist Try-outs:**

Tryouts will be held in the East Paulding High School Gym.

Try-out conflicts will be handled on a case-by-case basis. Please notify the Head Coach if tryout accommodations need to be made.

### **Attire During the Week:**

Cheerleading shorts, t-shirt, cheer shoes, hair up in a neat ponytail, (bangs out of face, no jewelry and NO FAKE NAILS).

### **Attire on the Final Day:**

Black Shorts, white T-shirt, cheerleading shoes/athletic shoes, hair up in a neat ponytail, NO jewelry, NO fake nails!

### **Forms:**

\_\_\_\_\_ Candidate Information Sheet/ Ability Sheet

\_\_\_\_\_ Parent Permission/Consent Form

\_\_\_\_\_ High School Athletic Physical Form ; Must be current and signed by Physician

\_\_\_\_\_ Inherent Risk Form

\_\_\_\_\_ Copy of Insurance Card

\_\_\_\_\_ Proof of residency(copy of utility bill)

\_\_\_\_\_ ONE Completed Teacher Recommendation Forms (The teacher ONLY will submit the form- no form needs to be submitted by the cheerleader)

\*\*\*Tryout results will be posted on the Jr Raider website on the last day of tryouts by 9pm.

<http://jr-raidercheer.weebly.com/>

If all forms are not completed and turned in **by the 1<sup>st</sup> day of tryouts**, you will not be allowed to participate. Please direct all questions to Coach Ansleigh Ward at [jrraidercheer@gmail.com](mailto:jrraidercheer@gmail.com).

**Instagram @2024epjrraiders**

**Facebook: 2024 EPHS Jr. Raider Cheer**

## Candidate Information Sheet

Cheerleader Name \_\_\_\_\_ **Current** Grade \_\_\_\_\_

**Current School:** Choose One:

Current 5<sup>th</sup> Graders: Abney \_\_\_\_\_ McGarity \_\_\_\_\_ Roberts \_\_\_\_\_ Russom \_\_\_\_\_ Hiram \_\_\_\_\_ Dallas \_\_\_\_\_

Current 6-7th Graders: EPMS \_\_\_\_\_ Moses \_\_\_\_\_ HJMS \_\_\_\_\_ Ritch \_\_\_\_\_

Address

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Mom's Name \_\_\_\_\_ Mom's Cell \_\_\_\_\_

Dad's Name \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Email Parent \_\_\_\_\_

\*There will be three football sidelines squads. One for each grade level: 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup>.

## Teacher Recommendation Form

### Current 5th, 6th & 7th graders

Please make sure the link below is sent to one teacher of your choosing.

<https://forms.gle/DY41wKtuEnNrKvfW6>



Directions once you open the link:

1. Copy the link by pressing on the hyperlink at the top
2. Paste in an email and send to three teachers of your choice

## Candidate's Tumbling/Stunting Ability:

### Tumbling (check all that you are proficient in)

• Standing: Handspring \_\_\_\_\_ Series of handsprings \_\_\_\_\_ Handspring Tuck \_\_\_\_\_ Standing Tuck \_\_\_\_\_ Handspring Full \_\_\_\_\_ Other: \_\_\_\_\_

• Running Round off Handspring \_\_\_\_\_ Series of Handsprings \_\_\_\_\_ Tuck \_\_\_\_\_ Handspring Tuck \_\_\_\_\_ Handspring Layout \_\_\_\_\_ Handspring Full \_\_\_\_\_ Other: \_\_\_\_\_

**Stunting Position Experience:** Flyer \_\_\_\_\_ Main/ Side Base \_\_\_\_\_ Back/Front Spot \_\_\_\_\_

• Half: Heel Stretch \_\_\_\_\_ Bow-n Arrow \_\_\_\_\_ Scales \_\_\_\_\_ Scorpion \_\_\_\_\_ Arabesque \_\_\_\_\_

• Extension: Heel Stretch \_\_\_\_\_ Bow-n Arrow \_\_\_\_\_ Scales \_\_\_\_\_ Scorpion \_\_\_\_\_ Arabesque \_\_\_\_\_

• Baskets: Show-n Go \_\_\_\_\_ Toe Touch \_\_\_\_\_ Kick Full \_\_\_\_\_ Kick Double \_\_\_\_\_

**\*\*\*We will NOT score based on a Cheerleader's stunting or tumbling ability. The following information will be used for Choreography Camp in July in order to create a halftime routine\*\*\***

# Jr Raider Parent Permission/Consent Form

Cheerleader Candidate's Full Name: (PRINT)

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I, as parent/guardian of the above mentioned cheerleading candidate, have read and fully understand the rules and regulations, which will govern my child if chosen to represent the Junior Raiders as a cheerleader. I also understand that it is an extra-curricular activity and that attendance at ALL practices, games, performances and camps. I understand that due to the nature of this activity, that there is a risk of physical injury. I acknowledge these risks and legally release Junior Raider Cheer and affiliated organization and individuals of all obligations and responsibilities should this activity result in personal injury. I also understand that if my child is chosen as a part of the Junior Raider Cheer Program and is later dismissed from the squad for any reason, I will receive no financial restitution. I hereby give my consent to the above-mentioned student to participate in cheerleading tryouts, and, if chosen, to participate as a member of the Junior Raider Cheerleading Squad for the 2024 cheerleading season. I will respect and abide by the tryout judges' decisions. I confirm that my child lives in the East Paulding High School District or is eligible to attend East Paulding High School. I hereby consent to the use of photographs, videos and audio clips of my child to be used on the cheerleading website and for any advertising or solicitation without any compensation to the cheerleader or family member. I understand my child's name may be published along with photo, video, and or audio clip.

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name: (Print) \_\_\_\_\_

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

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

E-Mail Parent: \_\_\_\_\_

School attending fall of 2024: (circle) East    Moses    Ritch    Jones

Grade 2024-2025: (circle)    6th    7th    8th

## Release and Inherent Risk Agreement

Read carefully before signing:

I am the parent (or guardian) of \_\_\_\_\_, a student at East Paulding High School. My child desires to participate in the cheerleading program.

I hereby acknowledge that participation in the cheer program carries with it potential hazards. My child could fall, be knocked down, run into, or bumped receiving bruises, broken bones, concussion, and serious injury as a result of some of the gymnastic and stunts practice or performed as part of the program.

\* I understand that the program coach, parent and/or faculty representative may not be close enough to prevent an injury from occurring.

\* I hereby attest and verify that my child is physically fit to participate in the strenuous exercise necessary as a part of the program.

In consideration for my child having the opportunity to participate in the school Cheerleading program, I hereby release the Board of Education, the school, the principal, the coaches, and the faculty and/or parent volunteers, of any one or more of them or their executors, administrators, heirs, next of kin, successors or assigns of from any liability, resulting from injury or death as a result of my child's participation in cheerleading or related events.

In further consideration of the acceptance of my child in the cheer program at the school:

\* I hereby agree to comply with all the rules and regulations applicable to the cheer program and to encourage my child to comply, and to assist the cheerleading coach, the faculty, and parent volunteers in all participants to comply.

I hereby waive and release any and all claims that I may have against the Board of Education, the school, the principal, the coach, the faculty or parent volunteers or any one or more of them or their executors, administrators, heirs, next of kin, successors or assigns (the "Releases") of and from any liability including any and all claims for damage caused of any of them resulting from or arising out of my child's participation in cheerleading activities and related events.

I further hereby agree to indemnify and hold harmless the releases and each of them against any such claim for injury, damage or costs, including attorney's fees, arising from, Related to, or otherwise occurring as result of the negligence of any of them, in connection with my child's participation in cheerleading activities and related events.

And, I further hereby consent to allowing my child to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness resulting from or arising out of my child's participation in cheerleading activities or related events.

Disclaimer: I understand that by the very nature of the activity, cheerleading poses a risk for physical injury. The risk of injury includes minor injuries such as muscle pulls, dislocation, and broken bones. The risk also can include catastrophic injuries such as permanent paralysis or even death from landing or falls on the back, neck, or head. I understand that no matter what precautions are taken by the coaches, nor the amount of training received by the athlete, can eliminate these risks. I understand these risks and will not hold EPHS or any of its personnel responsible in the case of accident or injury at any time.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of At-Meet \_\_\_\_\_

Date \_\_\_\_\_



## ■ PREPARTICIPATION PHYSICAL EVALUATION

### HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, or other): \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)

|   | Not at all                 | Several days               | Over half the days         | Nearly every day           |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| Feeling nervous, anxious, or on edge        | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Not being able to stop or control worrying  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Little interest or pleasure in doing things | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Feeling down, depressed, or hopeless        | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

| GENERAL QUESTIONS<br>(Explain "Yes" answers at the end of this form.<br>Circle questions if you don't know the answer.) | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Do you have any concerns that you would like to discuss with your provider?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has a provider ever denied or restricted your participation in sports for any reason?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any ongoing medical issues or recent illness?  | <input type="checkbox"/> | <input type="checkbox"/> |
| HEART HEALTH QUESTIONS ABOUT YOU  | Yes                      | No                       |
| 4. Have you ever passed out or nearly passed out during or after exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has a doctor ever told you that you have any heart problems?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.       | <input type="checkbox"/> | <input type="checkbox"/> |

| HEART HEALTH QUESTIONS ABOUT YOU<br>(CONTINUED)   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 9. Do you get light-headed or feel shorter of breath than your friends during exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever had a seizure?  | <input type="checkbox"/> | <input type="checkbox"/> |
| HEART HEALTH QUESTIONS ABOUT YOUR FAMILY  | Yes                      | No                       |
| 11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?  | <input type="checkbox"/> | <input type="checkbox"/> |



## ■ PREPARTICIPATION PHYSICAL EVALUATION

### PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

#### PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

| EXAMINATION   |                          |  |
|---|--------------------------|--|
| Height: _____   | Weight: _____            |  |
| BP: _____ / _____ ( _____ / _____ )   | Pulse: _____             | Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N |
| MEDICAL   | NORMAL                   | ABNORMAL FINDINGS  |
| Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul> | <input type="checkbox"/> |  |
| Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>  | <input type="checkbox"/> |  |
| Lymph nodes   | <input type="checkbox"/> |  |
| Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>  | <input type="checkbox"/> |  |
| Lungs   | <input type="checkbox"/> |  |
| Abdomen   | <input type="checkbox"/> |  |
| Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>   | <input type="checkbox"/> |  |
| Neurological  | <input type="checkbox"/> |  |
| MUSCULOSKELETAL   | NORMAL                   | ABNORMAL FINDINGS  |
| Neck  | <input type="checkbox"/> |  |
| Back  | <input type="checkbox"/> |  |
| Shoulder and arm  | <input type="checkbox"/> |  |
| Elbow and forearm   | <input type="checkbox"/> |  |
| Wrist, hand, and fingers  | <input type="checkbox"/> |  |
| Hip and thigh   | <input type="checkbox"/> |  |
| Knee  | <input type="checkbox"/> |  |
| Leg and ankle   | <input type="checkbox"/> |  |
| Foot and toes   | <input type="checkbox"/> |  |
| Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>   | <input type="checkbox"/> |  |

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

\_\_\_\_\_  
\_\_\_\_\_

☐ Medically eligible for certain sports

\_\_\_\_\_  
\_\_\_\_\_

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Emergency contacts: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



# Sign up for important updates from Coach Ansleigh.

Get information for **East Paulding High School** right on your phone—not on handouts.

Pick a way to receive messages for **2024 Jr Raider Tryouts**:

**A** If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

[rmd.at/24jrephs](https://rmd.at/24jrephs)

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.

The illustration shows a smartphone screen with the Remind app interface. At the top, there's a header with the Remind logo and the URL 'rmd.at/24jrephs'. Below that, the title 'Join 2024 Jr Raider Tryouts' is displayed. The form has two sections: 'Full Name' with a text input field labeled 'First and Last Name', and 'Phone Number or Email Address' with a text input field containing '(555) 555-5555'.

**B** If you don't have a smartphone, get text notifications.

Text the message **@24jrephs** to the number **81010**.

If you're having trouble with **81010**, try texting **@24jrephs** to **(757) 337-4602**.

*\* Standard text message rates apply.*

The illustration shows a smartphone screen with a text message interface. The 'To' field contains the number '81010'. The 'Message' field contains the text '@24jrephs'.

Don't have a mobile phone? Go to [rmd.at/24jrephs](https://rmd.at/24jrephs) on a desktop computer to sign up for email notifications.

| Category  | Possible Points                        | Total Points Received | Additional Comments: |
|---|--|-----------------------|----------------------|
| Cheer:<br>Sharp Motions, Voice and Personality, Projection, Timing & Coordination, Incorpor, SPIRIT       | 20                                     | /20                   |                      |
| Dance:<br>Showmanship, timing, precision, rhythm & coordination, knowledge                                | 20                                     | /20                   |                      |
| Jumps:<br>Height, Form, Pointed Toes, Clean Landing w/feet together, Correct Positioning of arms and legs | 5 each jump<br>1 Toe Touch<br>1 Choice | /10                   |                      |
| Tryout Week:<br>Effort, participation, and attitude   | 10                                     | /10                   | Total Score<br>/60   |

Name: **SAMPLE**

Grade Fall 2024: \_\_\_\_\_

| Vendor      | Spirit Squad Items      | Charge       | Size | Sign | Vendor | Mandatory Fees **                  | Charge       | Size | Sign |
|-------------|-------------------------|--------------|------|------|--------|------------------------------------|--------------|------|------|
|             | Spirit fee **           | \$40         |      |      | EPHS   | Spirit Camp, Halftime              |              |      |      |
| GTM         | Uniform Top             | \$50         |      |      |        | Choreography & Music**             |              |      |      |
| GTM         | Uniform Skirt           | \$30         |      |      |        | includes tshirt                    | \$120        |      |      |
| GTM         | Game Day Shoes **       | \$45         |      |      |        |                                    |              |      |      |
| GTM         | Practice/Camp wear **   | \$110        |      |      |        |                                    |              |      |      |
|             | tshirts                 |              |      |      |        |                                    |              |      |      |
|             | tank top                |              |      |      |        |                                    |              |      |      |
|             | shorts                  |              |      |      |        |                                    |              |      |      |
|             | practice bows           |              |      |      |        |                                    |              |      |      |
|             |                         |              |      |      |        | <b>Total</b>                       | <b>\$120</b> |      |      |
| GTM         | Warm up Jacket          | \$50         |      |      |        | **Cheerleaders will be responsible |              |      |      |
| GTM         | Warm up Pants           | \$25         |      |      |        | for getting their own <b>CLEAR</b> |              |      |      |
| GTM         | Crop Top v-neck         | \$23         |      |      |        | rain jacket***                     |              |      |      |
| GTM         | Bloomers                | \$12         |      |      |        |                                    |              |      |      |
| GTM         | New Sweatshirt**        | \$30         |      |      |        |                                    |              |      |      |
| Omni        | Pom Poms                | \$25         |      |      |        |                                    |              |      |      |
| Omni        | Pink Poms               | \$20         |      |      |        |                                    |              |      |      |
| Academy     | Water Jug               | \$20         |      |      |        |                                    |              |      |      |
| Marina Roth | 2 Bows&pink out socks** | \$25         |      |      |        |                                    |              |      |      |
| GTM         | Duffle Bag              | \$25         |      |      |        |                                    |              |      |      |
|             |                         |              |      |      |        |                                    |              |      |      |
|             | Sub total               | \$530        |      |      |        |                                    |              |      |      |
|             |                         |              |      |      |        |                                    |              |      |      |
|             | <b>Total</b>            | <b>\$530</b> |      |      |        |                                    |              |      |      |

No size needed

Parents Initial

Effective 4/26/24

| Booster Dues: Mandatory ** |              |
|----------------------------|--------------|
| Coaches Fee**              | \$130        |
| Booster Fees**             | \$20         |
| <b>Total</b>               | <b>\$150</b> |

| Grand Total               | \$800 |
|---------------------------|-------|
| 1st Payment Due 5/20/2024 |       |
| Dep: \$300                |       |
|                           | \$800 |
|                           |       |
| 2nd Payment Due 6/20/2024 |       |
| 3rd Payment Due 7/20/2024 |       |
|                           |       |
| <b>Balance</b>            |       |