

*Old Colony Youth Cheerleading Assoc.
League Representative Registration Form*



Date _____ Town Colors _____

Town Organization Name _____

Organization Mailing Address _____

General email address for organization _____

Organization Website _____

Coordinator Name (first contact) _____
Coordinator Mailing Address _____
Town _____ Zip Code _____
Home Phone _____ Cell Phone _____
Email Address _____ (please list an address where you have 24 hour access)

Coordinator Name _____
Coordinator Mailing Address _____
Town _____ Zip Code _____
Home Phone _____ Cell Phone _____
Email Address _____ (please list an address where you have 24 hour access)

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Town President Signature _____ Date _____

Print Name _____ Title _____