

REGISTRATION FOR POM TRYOUTS

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

PARENTS NAME:

MOTHER _____ WORK PHONE _____

EMAIL _____

FATHER _____ WORK PHONE _____

EMAIL _____

SCHOOL ID NUMBER: _____

DATE OF BIRTH: _____

GRADE IN FALL OF 2007: _____

ATTACHMENTS:

PHYSICAL _____

MEDICAL CARD _____

LETTERS TO PARENTS _____

PERMISSION SLIP _____

POM CLINIC AND TRYOUTS

SCHEDULE (Clinic)

Tuesday, May 29, 2007 5-7 pm

Wednesday, May 30, 2007 4-6 pm

TRYOUTS

Thursday, May 31, 2007 5 until completed

REQUIREMENTS FOR CLINICS AND TRYOUTS

Permission forms, medical cards and physicals!

White shirt and dark shorts for tryouts

Proper sneakers and white socks

Hair pulled away from face

YOU WILL BE JUDGED ON

Routine

Kicks

Turns

Splits

Jumps

Marching

Showmanship

Knowledge of routine

Appearance

BEST OF LUCK TO EVERYONE!