

Eastside Dream Elite Info Form

Program (please circle): Issaquah Bellevue Renton Kirkland

Cheerleader Name _____

Parent/Guardian Name(s) _____

Address _____

City _____ Zip _____

Best Parent Phone Number _____

Cheerleader Cell (if applicable) _____

Parent/Guardian Email(s) _____

Cheerleader Email (if applicable) _____

Grade _____ School _____

T-shirt size (please circle) YS YM YL AS AM AL AXL A2XL

Birth date _____

Please list any allergies, or physical/behavioral concerns the coach should know about, as well as any medications the child is currently taking:
