

UNIVERSITY OF SOUTH CAROLINA TRYOUT APPLICATION

NAME: _____

CURRENT ADDRESS _____

CURRENT HOME PHONE: _____ **CELL PHONE:** _____

BIRTHDATE: _____ **EMAIL ADDRESS:** _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

PERMANENT ADDRESS (IF DIFFERENT THAN ABOVE):

PERMANENT PHONE # (IF DIFFERENT THAN ABOVE): _____

FALL STATUS (FRESHMAN, SOPHOMORE, ETC.): _____ **GPA:** _____

SCHOOL CURRENTLY ATTENDING: _____

TUMBLING SKILLS/EXPERIENCE:

STUNTING SKILLS/EXPERIENCE:

ADDITIONAL INFORMATION RELATED TO CHEERLEADING: (OPTIONAL)

**PLEASE REMIT TO ERIKA GOODWIN:
803-777-6439 (FAX)
OR
1304 HEYWARD STREET
COLUMBIA, SC 29208
VIDEOS MAY BE SENT WITH APPLICATION FOR REVIEW, BUT ARE NOT MANDATORY**