Trinity High School

Cheerleading Tryouts – Cheerleader Information Sheet

Name: _____

School attending for 2026-2027 school year: _____ Grade Entering: _____

Cell Phone Number: _____ Date of Birth: _____

Email: _____ Parent Email: _____

Cheer Experience. ( ) YES ( ) NO

If you marked yes, please provide details of your previous cheer experience on the lines below.

_____

_____

Stunting Experience. ( ) YES ( ) NO

If you have stunted before, what position have you been? May list more than one if needed.

_____

Tumbling Experience. *NOT REQUIRED*

Please list any tumbling skills you are able to perform, if any, or are currently working on.

_____

Why do you want to be a Trinity Cheerleader?

_____

_____