

Student's Name _____

(First Name)

(Last Name)

Grade Level: _____

Homeroom Teacher: _____

Parent's Names & Emergency Contact: _____

Form of Payment: Cash _____ Check # _____ (Make checks payable to Cassville Cheer)

We cannot make change. Please use exact change or check (Make checks payable to Cassville Cheer). We are not allowed to put change into your child's lunch account towards their balance. Thank you for your understanding.

Shirt Size: Youth Sm.

Youth Med.

Youth Large

(please circle one)

Adult Sm.

Adult Med.

Adult Large

Adult XL

Please return this form to your building level office by October 4th to be guaranteed a tee shirt.

Please email Victoria Henbest vhenbest@cassville.k12.mo.us or Abby Voris avoris@cassville.k12.mo.us if you have any questions.

Shirt Design is on a gray shirt.

