ATLANTIC COAST YOUTH ATHLETICS ASSOCIATION – 2021 OFFICIAL CHEERLEADING ROSTER

LEAGUE: _____ DIVISION:_____ OPPONENT:_____ GAME DATE:_____

NAME OF ATHLETE (LAST NAME, FIRST NAME, MI) PRINT OR TYPE CLEARLY	AAU#	DOB (MM/DD/YY)	LEAGUE AGE (08/01/21)	ROSTER VERIFICATION SIGNATURE	GAME DAY CHECK-IN (INTIALS)	CARD PUNCHED (INITIALS)

HEAD COACH:_____ **PHONE:_____**

LEAGUE OFFICIAL:_____ **ACYAA DIRECTOR:_____**
(PRESIDENT, V. PRESIDENT, COORDINATOR SIGNATURE)

VERIFIER NAME:_____ **DATE CHANGED:_____**