Ole Miss Cheerleading Tryout Application
April 22-24, 2005

Name:_____
First Middle Last Name Called

Permanent Home Address:_____
Street, P.O. Box, Route, etc

_____
City State Zip Code

Permanent Home Phone Number:_____
Cell Phone Number:_____
Parent's Names:_____
Father Mother
Email Address:_____
Social Security Number:_____
Date of Birth:_____
Month Day Year

Male/Female circle Major:_____
Classification or year in school for the 2005-2006 academic year:_____
School now attending:_____

If you are already at Ole Miss:
Campus or Local Address:_____
Dorm room, Sorority house, Street, P.O. Box, etc

_____
Zip code

Campus Phone Number:_____
Cheerleading Experience:_____
_____
_____