

**REQUIRED \* REQUIRED \* REQUIRED \* REQUIRED \* REQUIRED \* REQUIRED \* REQUIRED**

### AMERICAN CHEER POWER

#### *Athlete Crossover Form*

**PROGRAM NAME:** \_\_\_\_\_ **EVENT ATTENDING:** \_\_\_\_\_

<b>Use This Form To Detail Your Crossovers: INCLUDE TEAM NAME, AGE DIVISION &amp; LEVEL</b>		
<b>From Team</b>	<b>To Team</b>	<b>Number of Crossovers</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
<b>Total Number of Crossovers</b>		

***Attention Coaches:***

Your official USASF event roster(s)\* **AND** this crossover form, must be submitted into our office 2 weeks prior to the event to be eligible for the athlete CROSSOVER DISCOUNT.

**\*ALL STAR PROGRAMS ONLY**