



HALF HOLLOW HILLS YOUTH FOOTBALL LEAGUE

CHEERLEADING

Registration Form 2009 Season

Cheerleader's Name _____

Date of Birth _____ Grade as of Sept.2009 _____ School _____

Address _____ Town _____

Home Phone # _____

Mothers Name _____ Cell # _____ Work # _____

Fathers Name _____ Cell # _____ Work # _____

Emergency contact other than above- Name & # _____

Allergies or medical conditions _____

Height ____ Weight ____ Pant size ____ Shirt ____

Primary email address _____

Has your cheered for HHHYFL before? Yes No

Pride Siblings – Name /age/Grade in September 09: _____

Paid \$ _____ Ck # _____ Date _____

**** All checks are made out to HHHYFL ****

Half Hollow Hills Youth Football League, Inc.
P.O. Box 20065
Huntington Station, NY 11746