

# TEAM RESULTS FORM

Name of School:					Sch Fax				Sch Phone			
Address of School:					City				State		Zip	
Cheer Coach:					Home Phone				Cell			
Coach's Home Address:					City				State		Zip	
Circle Team Designation: Elem Int JH JV Var					AS Emp							

Capt* Sr**	Individual Team Names	Day 1 Rib	Day 1 Best	Day 2 Rib	Day 2 Best	Day 3 Rib	Day 3 Best	Day 4 Rib	Day 4 Best	COMMENTS
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**PERSONAL INSTRUCTOR ASSIGNMENT**

(Shaded Columns and Information below for CCA Staff Use Only)

Day One	Day Two	Day Three	Day Four
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**Daily Team Ribbons**

Day One	Day Two	Day Three	Day Four
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