Insurance Form

Illinois Cheerleading Coaches Association

School Name _____

School Address _____

Phone _____

Division: _____Jr. High Game Cheer _____ Varsity Game Cheer _____ Sm. Jr. High _____ Lg. Jr. High _____ Sm. JV _____ Lg. JV _____ Sm. Varsity _____ Med. Varsity _____ Lg. Varsity _____ Co-Ed Varsity

Print ALL squad member names, addresses and phone numbers (with area code) below.

NAME **ADDRESS** **PHONE #**

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Total Participants _____ x $1.00 _____

Total Insurance Due _____

Check for insurance is payable to ICCA. One check may be submitted for insurance and competition fees. Enclose insurance form, application for championships, and payment together.