



**Bradford Pumpkin Show  
Pee Wee Cheerleading Competition Entry Form  
Thursday, October 12, 2023**

Name of School: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

School Phone: \_\_\_\_\_

Name of Cheer Squad: \_\_\_\_\_

Name of Advisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Division:

Jr. Varsity Cheer \$30.00  
(preferably 4<sup>th</sup> grade and under)

Jr. Varsity Dance \$30.00  
(preferably 4<sup>th</sup> grade and under)

Varsity Cheer \$30.00  
(Preferably 5<sup>th</sup> & 6<sup>th</sup> grade)

Varsity Dance \$30.00.  
(Preferably 5<sup>th</sup> & 6 grade)

Individual (Grades 3-6) \$20.00

\*\*\* If you have only one squad (1-6th grade) then you should compete in the varsity level competitions, unless you have mainly reserve aged cheerleaders and only 1-2 varsity aged cheerleaders on your squad.

Entries must be postmarked no later than October 3, 2023. Mail entry form, medical release forms, team roster and fees to the address below. (Make checks payable to: Bradford Pumpkin Show). Should you have any questions please feel free to call or text Ashley Jones at 937-417-0298 or Marissa Wirrig at 937-564-5886.

**Please mail this form to:**

**Ashley Jones**

**Bradford Pumpkin Show- Cheerleading Competition**

**311 School Street**

**Bradford, Ohio 45308**

Agreement: I have read and agree to adhere to the rules and regulations of the competition.

\_\_\_\_\_  
Advisor or Principal's signature

**The medical liability forms must be mailed in with the entry form, team roster and fee.**

Medical Treatment and Liability Form (One for each child)

Undersigned parent, the legal guardian, or I do hereby grant my permission for my daughter/son to participate in the Bradford Pumpkin show Competition. In order that my daughter/son receive the necessary medical treatment in the event of any injury or illness, I hereby authorize the personnel of the competition to obtain medical treatment for my daughter/son for such injury or illness during this competition and hereby hold the personnel and representatives harmless in the exercise of this authority. I also understand the decision of the judges during the competition is left to their discretion and will not further question such judges.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_