

CHOREOGRAPHY QUESTIONNAIRE



Choreography Date ____ / ____ / ____

Contact Information:

Organization/School

Address

City State Zip

Email

Organization/School Phone

Cell Phone

Fax

Alternate Contact

Alternate Contact Phone and Email

Routine Information:

Tryout Date ____ / ____ / ____

Team Colors

Team

Mascot

All Music Routine (Check One) ____ Yes ____ No

Number of Teams Needing Choreography _____

Team Name	Division	Level	Size
1.			
2.			
3.			
4.			
5.			
6.			

Attach any additional teams to questionnaire.

Desired Choreography (i.e. Dance, Pyramid, Full Routine, Cheer Section etc.): _____

Desired Choreography Style:

Regional, Nationals, and World Championships Attending:

Special Request:



allthingscheer.com

OFFICE USE ONLY

Filled out/received on: _____

Confirmed by: _____