2021-2022 LANSING H.S.CHEERLEADING CLINIC & TRYOUTS

Located at the High School Gym

Cheer Clinic Material: Participants can use the Google Classroom code: vn2ayld or the link https://classroom.google.com/c/MjU4MDg4OTY4MDQ2?cjc=vn2ayld to join the "2021-2022 LHS Cheerleading Tryouts" group. On March 14th you will find links to the sideline chant, cheer, and dance you will perform at tryouts. Please learn this material before coming to the tryout clinic. We will clean up the material and have time to ask questions and practice.

<u>Cheer Clinic</u> - located at the <u>Lansing High School Gym</u>. Enter through the Activities Entrance. Clinic Days are mandatory for <u>practicing</u> tryout material, learning jump techniques, and working out stunt groups.

Wednesday, March 17th: 4:00-5:15 pm Thursday, March 18th: 4:00-5:15 pm

There is a shuttle available from LMS to LHS after school. Please contact me if you would like to utilize the shuttle so I can give the bus driver your information.

Tryouts - located at the High School Gym Friday, March 19th at 4 pm

<u>Parent Agreement, Permission and Medical Release Form, Participant Agreement for Lansing H.S. Cheer Tryouts, and Student Participant's Info</u>

Form - Complete and return all three of these forms together to Coach Merritt before or at the beginning of the first day of tryout clinics (March 17th). You must have these forms completed and signed to participate or attend the clinic and tryouts.

Coach/Sponsor Forms in this packet are due from your current classroom teachers and prior coach/sponsor to Coach Merritt by Wednesday, March 17th in order to try out. Any evaluations that are not handed in by March 17th will not be included in the candidates final score. Give each of your 7 classroom teachers listed on Skyward an evaluation form to complete (do not count your CCR/Study Hall/Advisory). Do all this ahead of time. Do not wait till the last minute and put pressure on your teachers. Make sure you put your name and your teacher's name on each form before you hand them to the teachers. Please ask the teachers to put them in Coach Merritt's mailbox at the high school by Wednesday, March 17th at 3:00 pm.

Guests will not be allowed to watch, linger, or mingle during the clinics or tryouts.

No videotaping will be allowed.

Students must have a current year grade point average of 2.5 to tryout

The 2021-2022 LHS Cheerleading Squads will be posted on the "2021-2022 LHS Cheerleading Tryouts" Google Classroom group on Monday, March 22nd by 4 pm to allow all judging to be scored and completed.

If you have any questions, contact:
Stephanie Merritt
LHS Head Cheer Coach

727-3357 (LHS) or stephanie,merritt@usd469.net

*Each Participant will perform the following in front of a panel of judges:

1. Spirit Entrance (individually) - include any tumbling skills

2. 3 Jumps (individually) - one must be a toe touch

3. Sideline Chant (individually)

4. One Cheer (with others)

5. Dance (with others)

*Each participant will also go through an interview process individually in front of a panel of judges.

*At Clinic - wear a t-shirt, athletic shorts, and athletic shoes or cheer shoes.

*At Tryouts - wear a solid color t-shirt with short sleeves and no writings or logos; athletic shorts and athletic shoes. Do not wear spanks, yoga pants, cheer clothes or cheer shoes to the tryouts. This includes any cheer wear or shoes purchased from Varsity or other cheer companies.

*Hair must be worn completely out of your face in a high or mid ponytail to clinic and tryouts

*Do not wear jewelry, including watches and small earrings to clinic and tryouts

*Do not wear "Cheerleader" bows

*Ribbons can be worn to clinic and tryouts

Try-out Tips

*Be early to the clinic and tryouts

*Stretch- this will help you with your skills and prevent injury.

*Smile and look like you are enjoying yourself; happy and confident

*Practice until you feel comfortable and confident. Practice in front of a mirror.

*Make sure to look up at the judges

*Keep your motions and jumps clean, sharp, and controlled

*Tumbling is optional and can be included in your spirit entrance. It is not required. Only tumble if you can do it well.

*Make sure you show spirit; yell phrases like "Go Big Red" and Let's Go Lions"; Be loud, clear, and concise

*Review the attached Judge Evaluation and work on the items they will be judging you on

Frequently Asked Questions:

*Varsity Cheerleaders cheer for all Varsity Football games, some home Varsity Soccer games, and Varsity Girls and Boys Basketball games

*JV Cheerleaders cheer for all home JV Football games, some home Varsity Soccer games, and home JV Basketball games

*Cheerleaders cannot play volleyball, tennis, or basketball, or any fall or winter sport

*Cheerleaders can only participate in spring sports because of the time conflicts

*Cheerleaders are also required to perform at all pep rallies; sponsor and attend all homecoming and mini cheer activities; attend other outside events; attend summer practices; attend summer cheer camp; conduct fundraisers, decorate senior homes, conduct community service, and other activities as assigned.

*Students must have a current year grade point average of 2.5 to tryout

*Scoring will be based on tryouts, grades, teacher evaluations, and past or present coach evaluations. All score sheets, scores, and evaluations are confidential and will not be shared with the students or their parents. Returning Varsity and Junior Varsity cheerleaders must try out for the 2021-2022 teams. They are not automatically back on the team.

*The <u>estimated cost</u> for a new varsity cheerleader is \$1,300 and junior varsity is \$900. Camp costs of approximately \$455 is due April 1st and the rest of the cheer payment can be set up at \$100 due on the first Thursday of each month, beginning the first Thursday in May and ending on or before the first Thursday in February.

*When chosen as Cheerleader, you are expected to participate in all assigned games and practices, wear proper uniforms, and conduct yourself in a manner which reflects positively on Lansing High School. A system of demerits will be used which is outlined in the Cheerleading Constitution.

STUDENT PARTICIPANT'S INFO
Please print the following information clearly. Return to Coach Merritt before or on the first day of tryouts.

Student's Full Name:	Nickname:
Student's Address:	Student's Call Disease
Grade for this uncoming school year:	Student's Cell Phone: Age: Birthday:
	//ge: bii //iddy:
Emergency contacts during clinic and tryout Mom's first and last name:	<u>ts</u> :
Mom's cell:	
Dad's first and last name: Dad's cell:	
Extra Contact Name:	x
Phone:	
Doctor & Phone:	
Insurance & Policy #:	
List any prior injuries and treatment:	
List any health issues and/or medications ye	ou are taking:
List any cheer, tumbling, or dance experience	ce (how many years & where):
List any <u>sports</u> , <u>organizations</u> , <u>or theatre peschool</u> year:	erformances you hope to be involved with in this upcoming
	ts with cheer practice or camps this summer? List ALL dates y be mid-late June.)
Current Classroom Teachers This Semester	· (As Listed in Skyward):
1 st Hour:	
2 nd Hour:	
3 rd Hour:	
4 th Hour:	
5 th Hour:	
6 th Hour:	
7 th Hour:	
8" Hour:	
Prior Coach	(name and email)
Coach Merritt and Coach Faulk will fi	ill out an Evaluation for current cheerleaders.

PARTICIPANT AGREEMENT FOR LANSING HIGH SCHOOL CHEER TRYOUTS

Return to Coach Merritt before or on the first day of tryouts.

*I understand the tryout and selection process and agree to abide by the decision of the cheerleading coaches.
*I am interested in being a cheerleader for Lansing High School. I understand the risks, responsibilities, and financial obligations as outlined in this packet. If selected, I promise to abide by the rules and regulations set forth by the Cheerleading Coaches. I promise to cooperate and follow the instructions of the cheerleading captain(s), clinician, and coaches during the clinic and tryouts.
*I am aware of the football, soccer, and basketball seasons and have spoken to the Head Cheerleading Coach about any potential conflicts for the upcoming school year.
*If selected, I understand that I am expected to attend all practices, games, and events as scheduled by Lansing High School and Cheerleading Coaches and understand a system of demerits will be used, outlined in the Cheerleading Constitution. (A copy of last year's constitution available upon request).
*I understand that all tryout score sheets, scores, and evaluations are confidential and will not be shared with the students or parents. Returning Varsity and Junior Varsity cheerleaders must try out for the 2021-22 teams. They are not automatically back on the team.
*I understand that if I tryout and make the squad and later choose to quit or are removed from the team, I will not letter in cheerleading and will not be allowed back on the squad for the year. Additionally, I will still be responsible to pay the remainder on my account balance.
I am interested in the following squad(s) for this upcoming year:
Varsity Only Captain (Only for returning Varsity Squad Members from 20-21 squad) Junior Varsity Only Varsity or Junior Varsity

Participant's Signature: _____ Date: _____

PARENT/GUARDIAN AGREEMENT, PERMISSION AND MEDICAL RELEASE FOR CHEERLEADING CLINIC AND TRYOUTS

Return to Coach Merritt before or on the first day of tryouts.

High School Cheerleading Clinic and Tryouts. I understand that they must abide by the and regulations set forth by the Cheerleading Coaches and be present for the tryouts. Understand that violations of any rules set out by the coaches may lead to my daughter and making the Cheerleading Squad.	rules I
*I understand the tryout and selection process and agree to abide by the decision of the	
*I understand that the estimated costs for varsity cheerleaders will be about \$1,300 and for junior varsity and that these are estimated costs until the actual purchases are made. *I understand by the very nature of this activity, cheerleading carries a risk of physical in No matter how careful the participant and cheerleading coach(es) are, or what landing surface is the risk cannot be eliminated.	injury.
*I will work with my daughter/son to support their decision to be a part of this program. *I have spoken to the Head Cheerleading Coach about any potential conflicts for the upca 2021-2022 school year.	oming
*If selected, I understand that my student is expected to attend all practices, games, an as scheduled by Lansing High School and Cheerleading Coaches and understand a system of deme be used, outlined in the Cheerleading Constitution. (A copy of last year's constitution available u request).	erits will
*I understand that all tryout score sheets, scores, and evaluations are confidential and w shared with the students or parents. Returning Varsity and Junior Varsity cheerleaders must tr for the 2021-22 teams. They are not automatically back on the team. *I understand that if your student makes the squad and later chooses to quit or is remove	'y out
the team, she/he will not letter in cheerleading and will not be allowed back on the squad for the Additionally, I will be responsible to pay the remainder on my account balance.	ea from e year.
*I understand that my daughter/son may at any time receive an injury and that Lansing H School, the cheerleading coach(es), and/or other participants are not held liable for any such inj	ligh ury.
*My student is trying out for: Varsity Only	
Captain (Only for returning Varsity Squad Members from 19-20 squad	uad)
If an injury does occur to my daughter/son while at the clinic or tryouts, I grant permission for cheerleading coach(es) or other school staff employed by the Lansing School District to make deconcerning the need for immediate emergency medical attention for any possible injury received	cisions
Parent/Guardian's Signature: Date:	



MEDICAL TREATMENT AUTHORIZATION AND CONSENT FORM

The following form is designed for those situations (for example athletic events, after school activities, etc.), where minors are unaccompanied by either parents or legal guardians. This "Medical Treatment Authorization and Consent Form" gives authority to a designated adult to arrange for medical care for a minor in the event of an emergency. This is extremely important, in that, medical care cannot be provided to a minor without approval by the parent(s) or legal guardians, unless there is written consent authorizing a responsible adult to give approval.

Minor's Full Name	Minor's Age	
Minor's Address		
City, State, Zip Code		
The undersigned do hereby authorize as he/she may designate as agent for the undersigned dental or surgical diagnosis or treatment and hospideemed advisable by and to be rendered under the and /or surgeon, licensed under the Provision of Mounder the Dental Practice Act, whether such diagraphysician or dentist, at a hospital or elsewhere.	ital care for the abo he general or speci edicine Practice Ac	ove named minor which is al supervision of any physician thor of any dentist licensed
Parent or Guardian Signature	Date	
Parent or Guardian (please print)	=	
Address Parent or Guardian	City	State
Home and Work Phones of Parent or Guardian	- .	
Witness	- - 1	
Insurer	Account Numb	er
Family Physician	=	
Family Physician's Full Address		
Known Allergies:	Last Tetanus She	ot:
Medical Conditions: JGFG Student Accidents Revised/Approved: 9/10/201	_	ations:

SAMPLE JUDGES EVALUATION

APPEARANCE Hair (clean, up, and out of eyes, no whispy Clothes (clean, appropriate, no holes or ba Physically Conditioned Posture T-shirt and Athletic Shorts, Athletic Sho	re midsecti	2 ons)	3	4	5	6	7	8	9	10
SPIRIT ENTRANCE/TUM Enthusiasm Facial Expression Confidence Execution Technique	BLING		1	2	3	4	5			
JUMPS Flexibility Execution (form) Height Technique (pointed toes, legs up, body stre Consecutive – advanced	1 aight)	2	3	4	5	6	7	8	9	10
CHEER Strong Motions (sharp, solid, no broken wr Coordination Knowledge of Material Overall Impression Timing	1 ists, proper	2 Placement	3	4	5	6	7	8	9	10
CHANTS Technique Move to the Crowd Strong Motions Easy to follow and join in Knowledge of Material	1	2	3	4	5	6	7	8	9	10
VOICE Clear and Confident Words Strong Volume Voice Level Did not Scream (No Whooaas) Expression Crowd Motivator	1	2	3	4	5	6	7	8	9	10
DANCE Timing (stayed with music, stayed on beat) Coordination Confidence and Showmanship Knowledge of Material	1	2	3	4	5	6	7	8	9	10
SHOWMANSHIP Eye Contact Smile Confidence Enthusiasm Spirit and Energy Audience Appeal	1	2	3	4	5	6	7	8	9	10
Interview Poise Personality Posture Charisma	1	2	3	4	5	6	7	8	9	10

TOTAL: _____Out of 85 Points Possible

Student Name:Subject:	Teacher's Name: _ Student's Current C	rade:				
Please complete the following form as soon as evaluations will be averaged together to count student an honest rating based on your knowled	for a portion of each of	andidate'	to tally p s score.	orior to the It is very	ne tryout importa	date. Teacher ant to give the
All evaluations are kept confidential. Please pubefore Wednesday, March 17th by 3:00 pm.					h Schoo	l office on or
Please be honest, the students will not see the	ese. This informatio	n is confi	dential.			
			rOl		Great	
1. Daily Attendance and Promptness to	o class	1	2	3	4	5
 Personality and Enthusiasm/Attitude *Positive Attitude *Pleasant Personality *School Spirit 	e	1	2	3	4	5
 3. Responsibility *Comes prepared to class *Turns in assignments on time *Takes responsibility for her of *Can be counted on 		1	2	3	4	5
4. Ability to work with others, keep a pleasant "team" attitude, and treats other students with respe	ect	1	2	3	4	5
5. Respects Adult Authority		1	2	3	4	5
6. You would be proud to point this pe out as an excellent representati	ve of					
Lansing High School!	No	Way5	Sometim 2		•	5
	TOTAL POINTS _ Teacher Signature:					
TEACHER COMMENTS:	Date:					

Please return to Stephanie Merritt, Cheer Coach, on or before Wednesday, March 17th by 3:00 pm - You can put it in the large envelope in Stephanie's box in the Lansing High School Office.

Student Name:Subject:	Teacher's Name:Student's Current Grad	le:				
Please complete the following form as soon as evaluations will be averaged together to count is student an honest rating based on your knowled	for a portion of each cand	lidate's				
All evaluations are kept confidential. Please put before Wednesday, March 17th by 3:00 pm.	t this form in Stephanie I hank you for your time a	Merritt'	s box in peration	the Hig	h School	office on or
Please be honest, the students will not see the	ese. This information is	confid	ential.			
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 Personality and Enthusiasm/Attitude *Positive Attitude *Pleasant Personality *School Spirit 	*	1	2	3	4	5
3. Responsibility *Comes prepared to class *Turns in assignments on time *Takes responsibility for her or *Can be counted on	wn actions	1	2	3	4	5
4. Ability to work with others, keep a pleasant "team" attitude, and treats other students with respec	ct	1	2	3	4	5
5. Respects Adult Authority		1	2	3	4	5
6. You would be proud to point this per out as an excellent representative Lansing High School!	e of	aySo 1	ometime 2	esAbs	•	5
	TOTAL POINTS		(3	0 pts. Po	ossible)	
TEACHER COMMENTS:	Teacher Signature: Date:				_	

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Student Name:Subject:	Teacher's Name: Student's Current Grad	le:			_	
Please complete the following form as soon as p evaluations will be averaged together to count for student an honest rating based on your knowledge	oossible, so we will have or a portion of each cand	time to	tally pr	ior to the	e tryout o	
All evaluations are kept confidential. Please put before Wednesday, March 17th by 3:00 pm. The before Wednesday.	this form in Stephanie I hank you for your time a	Merritt's	s box in peration	the High	School	office on or
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5. Respects Adult Authority		1	2	3	4	5
6. You would be proud to point this per out as an excellent representativ	e of					
Lansing High School!	No Wa	-		sAbs	-	-
		1	2	3	4	5
	TOTAL POINTS		(3	0 pts. Po	ssible)	
	Teacher Signature: Date:				=	
TEACHER COMMENTS:						

Please return to Stephanie Merritt, Cheer Coach, on or before Wednesday, March 17th by 3:00 pm - You can put it in the large envelope in Stephanie's box in the Lansing High School Office.

Questions 913-727-3357 (LHS)

Student Name:Subject:	Teacher's Name: Student's Current Gra	de:							
Please complete the following form as soon as possible, so we will have time to tally prior to the tryout date. Teacher evaluations will be averaged together to count for a portion of each candidate's score. It is very important to give the student an honest rating based on your knowledge of that individual student.									
All evaluations are kept confidential. Please put before Wednesday, March 17th by 3:00 pm. T	this form in Stephanie hank you for your time	Merritt' and coo	s box in	n the Hig n!	h Schoo	l office on or			
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6. You would be proud to point this per out as an excellent representative Lansing High School!	e of	ayS	ometim 2		osolutely 4	5			
	TOTAL POINTS		(30 pts. P	ossible)				
TEACHER COMMENTS:	Teacher Signature:				_				

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Student Name:Subject:	Teacher's Name: Student's Current Gr	ade:				
Please complete the following form as soon as pevaluations will be averaged together to count f student an honest rating based on your knowled	or a portion of each ca	ndidate'				
All evaluations are kept confidential. Please put before Wednesday, March 17th by 3:00 pm. T	this form in Stephanie hank you for your time	Merritte and coo	's box in	n the Hig n!	h Schoo	ol office on or
Please be honest, the students will not see the	se. This information	is confi	dential.			
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4. Ability to work with others, keep a pleasant "team" attitude, and treats other students with respec	et	1	2	3	4	5
5. Respects Adult Authority		1	2	3	4	5
6. You would be proud to point this per out as an excellent representative Lansing High School!	re of	Vor.	lame =d!::	00 A1		
Lansing Fign School:	No v	vayS 1	sometim 2		solutely 4	5
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	TOTAL POINTS		(30 pts. P	ossible)	
TEACHER COMMENTS:	Teacher Signature:				 -	

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Questions 913-727-3357 (LHS)

Student Name:Subject:	Teacher's Name: Student's Current Grad	e:			 :			
Please complete the following form as soon as possible, so we will have time to tally prior to the tryout date. Teacher evaluations will be averaged together to count for a portion of each candidate's score. It is very important to give the student an honest rating based on your knowledge of that individual student.								
All evaluations are kept confidential. Please put before Wednesday, March 17 th by 3:00 pm. T				he High	School o	office on or		
Please be honest, the students will not see the	se. This information is	confide	ntial.					
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5. Respects Adult Authority		1	2	3	4	5		
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TEACHER COMMENTS:	Teacher Signature: Date:				E			

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Student Name:Subject:	Teacher's Name: Student's Current Grad	de:				
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All evaluations are kept confidential. Please pubefore Wednesday, March 17th by 3:00 pm.					h Schoo	l office on or
Please be honest, the students will not see the	ese. This information is	confic	lential.			
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 Personality and Enthusiasm/Attitude *Positive Attitude *Pleasant Personality *School Spirit 	е	1	2	3	4	5
3. Responsibility *Comes prepared to class *Turns in assignments on time *Takes responsibility for her of *Can be counted on		1	2	3	4	5
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5. Respects Adult Authority		1	2	3	4	5
6. You would be proud to point this pe out as an excellent representating Lansing High School!	ve of	ayS 1	ometim		solutely 4	5
	TOTAL POINTS		(3	30 pts. P	ossible)	
TEACHER COMMENTS:	Teacher Signature: Date:				 :	

Please return to Stephanie Merritt, Cheer Coach, on or before Wednesday, March 17th by 3:00 pm - You can put it in the large envelope in Stephanie's box in the Lansing High School Office. Questions 913-727-3357 (LHS)

Prior Coach/Sponsor Evaluations for LHS Cheerleading Tryouts

		-		
date's s				
t's box eration	in the I	ligh Sc	hool off	ice on or before
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Please return to Stephanie Merritt, Cheer Coach, before <u>Wednesday, March 17th by 3:00 pm</u> – You can put it in the large envelope in Stephanie's box in the Lansing High School Office.

Questions 913-727-3357 (LHS)