



## **"FALL HARVEST CHEERLEADING TOURNAMENT"!**

**HOSTED BY MEDFORD HIGH SCHOOL**

**SUNDAY, NOVEMBER 2, 2008 - 12 NOON START TIME!**

MEDFORD HIGH SCHOOL CORDIALLY INVITES YOU TO ATTEND THE 1<sup>ST</sup> ANNUAL FALL HARVEST CHEERLEADING TOURNAMENT, SCHEDULED FOR SUNDAY, NOVEMBER 2, 2008, BEGINNING AT 12 NOON.

THE TOURNAMENT IS OPEN TO ALL VARSITY, JUNIOR VARSITY, FRESHMEN, CO-ED, & MIDDLE SCHOOLS THAT HAVE BEEN SANCTIONED BY THE MSSAA. TO REGISTER: PLEASE COMPLETE THE ATTACHED FORM & MAIL IT ALONG WITH A CHECK PAYABLE TO MHS CHEERLEADERS. COST PER TEAM, = \$85. FORWARD BOTH TO LISA EVANGELISTA, 20 SHIP AVENUE, UNIT 27, MEDFORD, MA 02155. REGISTRATION FEES ARE NON-REFUNDABLE. THIS TOURNAMENT IS SANCTIONED BY THE MSSAA AND WILL FOLLOW THE 2008 NATIONAL FEDERATION RULES AND REGULATIONS. FOR MORE INFORMATION ON THESE GUIDELINES GO TO [WWW.NFHS.ORG](http://WWW.NFHS.ORG). AT REGISTRATION, EACH TEAM WILL BE ASSIGNED THEIR OWN "PUMPKIN" OR "SCARCROW" GUIDE (AN MHS CHEERLEADER) & RECEIVE A FALL HARVEST GOODIE BASKET. THE CONCESSION STAND WILL FEATURE BREAKFAST & LUNCH ITEMS ALONG WITH SOME SPECIAL FALL FARE MUNCHIES.

WARM UPS WILL BE RUN SIMILAR TO MSSAA REGIONALS...(10) MINUTES ON STRETCHING MATS, (10) MINUTES ON MAT WITH PENALTY JUDGE, THEN YOUR TEAM HEADS TO THE "ON DECK" CIRCLE. RIGHT BEFORE THE START OF THE TOURNAMENT, THERE WILL BE A 10 MINUTE TIME FRAME SET ASIDE, SO ALL TEAMS CAN WARM UP THEIR TUMBLING ON THE MAIN MAT IN THE GYM. . TEAMS WILL BE DIVIDED INTO THEIR RESPECTIVE DIVISIONS, WITH THE TOP 3 TEAMS IN EACH DIVISION RECEIVING A TROPHY, ALONG WITH A GRAND CHAMP "FALL HARVEST" TROPHY. QUESTIONS?? PLEASE CONTACT LISA AT [LEVANGELISTA@MEDFORD.ORG](mailto:LEVANGELISTA@MEDFORD.ORG), OR BY PHONE AT (781) 844-8646. WE ARE LOOKING FORWARD TO A GREAT TOURNAMENT!!!



**FALL HARVEST CHEERLEADING TOURNAMENT**  
**REGISTRATION FORM**

**November 2, 2008 - Medford High School - 12 noon**

SCHOOL NAME \_\_\_\_\_ SCHOOL'S DIV \_\_\_\_\_

ADDRESS \_\_\_\_\_

SCHOOL'S MASCOT \_\_\_\_\_ SCHOOL'S COLORS \_\_\_\_\_

SCHOOL'S PHONE # \_\_\_\_\_ COACH'S NAME \_\_\_\_\_

COACH'S CELL PHONE ( ) \_\_\_\_\_ COACH'S E-MAIL \_\_\_\_\_

COACH'S MAILING ADDRESS \_\_\_\_\_

**WE WILL BE COMPETING THE FOLLOWING TEAMS: Please check all that apply. (EACH TEAM'S FEE IS \$85)**

**VARSITY \_\_\_ CO-ED \_\_\_ JV \_\_\_ FRESHMEN \_\_\_ MIDDLE SCHOOL \_\_\_**

**TOTAL ENCLOSED \$ \_\_\_\_\_**

**\*PRINCIPAL OR ATHLETIC DIRECTOR'S SIGNATURE \_\_\_\_\_**

**\*By signing this form, you are confirming that all of the cheerleaders listed have been medically cleared by your school's health suite. Please forward this completed form & enclose it along with a check payable to the MHS Cheerleaders, to Lisa Evangelista, 20 Ship Avenue, Unit 27, Medford, MA 02155...it can also be faxed to her attention at (781) 393-2514, or e-mailed as well. Please attach a team roster to the registration form. Thanks!**