



# Trainer Agreement Form

Dates of FCA Cheer Clinic: \_\_\_\_\_

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

Signature of Athletic Director: \_\_\_\_\_

Signature of Cheer Coach: \_\_\_\_\_

Signature of Trainer: \_\_\_\_\_

Days & Hours Agreed for Trainer to be at Clinic:

\_\_\_\_\_

M a r i l o u B r a s w e l l - F C A C h e e r D i r e c t o r

