



St. Mary's University
Spirit Team Application

PLEASE PRINT CLEARLY

Name _____

Year: FRSH SOPH JR SR other _____

Address _____

Phone _____ Cell Phone _____

STMU ID # _____

E-mail address _____ Birth date _____

How many hours a week do you work out? 1-2 hrs 3-4 hrs 5+hrs Other _____

Specify type of exercise _____

Dance/Cheer Experience _____

Please specify all past injuries _____

Other activities and interests _____

How do you view your role as a STMU spirit team member? _____
