



CROSSOVER FORM

Fax to: 972-840-4054

Attn: Rachael Alexander

ACA Registration

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For scheduling purposes, please list team(s) which contain crossovers and the corresponding team affected. Please be as thorough as possible.

Gym/Team _____ Coach _____

of Crossovers _____

FROM: Level: _____ Division: _____ TO: Level: _____ Division: _____

From Team Name: _____ To Team Name: _____

of Crossovers _____

FROM: Level: _____ Division: _____ TO: Level: _____ Division: _____

From Team Name: _____ To Team Name: _____

of Crossovers _____

FROM: Level: _____ Division: _____ TO: Level: _____ Division: _____

From Team Name: _____ To Team Name: _____

of Crossovers _____

FROM: Level: _____ Division: _____ TO: Level: _____ Division: _____

From Team Name: _____ To Team Name: _____

of Crossovers _____

FROM: Level: _____ Division: _____ TO: Level: _____ Division: _____

From Team Name: _____ To Team Name: _____

*Use more than one form if necessary.