



STATE RECREATION CHEER CHAMPIONSHIP TEAM REGISTRATION FORM

ONE ENTRY FORM PER TEAM: DUPLICATE IF NEEDED
PLEASE PRINT AND MAIL

TEAM NAME: _____

GYM ADDRESS: _____

GYM PHONE: (____) ____-_____

NUMBER OF ALTERNATES: _____

TOTAL NUMBER OF COMPETITORS: _____ - Number of Females _____ Number of Males _____

DIVISION: (MARK DESIRED DIVISION → ONE FORM FOR EACH TEAM ENTRY)

DIVISION:	CATEGORY:	COED: _____
____ YOUTH A	____ SMALL	
____ JUNIOR B	____ LARGE	
____ VARSITY C		
____ SENIOR D		

COACH (ES): 1. _____
2. _____

HOME PHONE: (____) ____-_____ CELL PHONE: (____) ____-_____

HOME ADDRESS: _____

E-MAIL ADDRESS: _____

ATHLETIC DIRECTOR'S E-MAIL: _____

REGISTRATION FEES: CHECK ALL THAT APPLY

<input type="checkbox"/> MEMBER REGISTRATION FEE \$200 PER PERFORMANCE <input type="checkbox"/> \$100 LATE FEE IF POST-DATED AFTER JANUARY 17 TH - NO REGISTRATIONS AFTER FEBRUARY 1st
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TOTAL FEES ENCLOSED: \$ _____ CHECKS MADE PAYABLE TO **NJCCA**

I, _____ acknowledge the said rules and regulations governing the NJCDCA State Championship. Any infraction of said rules and regulations, including but not limited to, unsportsman-like conduct, will result in myself and the team being requested to leave the competition, thereby forfeiting our participation for the following year. I also forfeit any and all fees paid to the NJCDCA. I further understand ALL judging decisions are final.

COACH'S SIGNATURE _____ DATE: _____

Send all entries to:
 NJCDCA STATE CHAMPIONSHIP
 C/o Pat DePalma
 134 Pine Needle Street
 Howell, NJ 07731

- Registration Check List**
- ____ Completed & **Signed** Registration form
 - ____ **Certificate of Insurance naming NJCDCA & SUN BANK ARENA**
 - ____ Official Roster of team (including Alternates/CROSSOVERS)
 - ____ Individual Waivers (including alternates)
 - ____ Music Copyright Form
 - ____ Registration Fee(s) (PAYABLE TO NJCCA)