

TEAM REGISTRATION

ONE ENTRY FORM PER TEAM. DUPLICATE IF NEEDED.

PLEASE PRINT

SCHOOL _____

*GROUP _____

SCHOOL ADDRESS _____

SCHOOL PHONE _____ COMPETITORS _____

DIVISION _____ ALTERNATES _____

COACH(ES) 1. _____

2. _____

HOME ADDRESS _____ CELL PHONE _____

HOME PHONE _____

E-MAIL ADDRESS _____

COACH'S ATHLETIC DIRECTOR'S E-MAIL _____

.....
I certify that the students that are on my roster are currently enrolled in my school, a member of the school's cheerleading and/or dance team and that they are in good academic standing.

PRINCIPAL _____ COACH _____

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 the ALL judging decisions are final. DATE _____

SEND ALL ENTRIES TO:
NJCDCA STATE CHAMPIONSHIP
C/O Debbie Zybrick
22 Drake Avenue
Monroe, NJ 08831

- > ATTACH TEAM ROSTER AND ALTERNATES TO THIS LETTER.
- > MUST BE SIGNED BY PRINCIPAL