



Application Form

Name: _____

School: _____

Address: _____

School Address: _____

(Please Include Your Zip Code)

Phone: _____

School Phone: _____

Email Address: _____

Athletic Director: _____

Sweatshirt Size: _____

Coach's Name: _____

Coach's Phone: _____

Address: _____

Coach's Email: _____

(Please Include Your Zip Code)

I understand that selection to the NJCDCA All-State Team may require attendance at selected events.

Cheerleader/Dancer Signature

Parent/Guardian Signature

_____ is a senior in good standing at _____

Athletic Director or School Administrator Signature

In order to be eligible for the NJCDCA All-State Team, your school must be a current member of the New Jersey Cheerleading & Dance Association. By checking the box, you are stating that you have confirmed membership on the NJCDCA website at http://njcdca.com/about_membership.htm