



STATE MIDDLE & HIGH SCHOOL JV, VARSITY & CO-ED CHEER CHAMPIONSHIP TEAM REGISTRATION FORM

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

SCHOOL: _____

SCHOOL ADDRESS: _____

SCHOOL PHONE: (____) _____ - _____ NUMBER OF ALTERNATES: _____

TOTAL NUMBER OF COMPETITORS: _____ Female: _____ Male: _____

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

DIVISION:

____ MIDDLE SCHOOL ____ HS JUNIOR VARSITY ____ SMALL ____ LARGE

____ HS INTERMEDIATE ____ All Girl ____ Coed (Coed is 1 or more boys)

____ HS VARSITY NON TUMBLE ____ SMALL ____ LARGE

____ HS GAME DAY ____ SMALL ____ LARGE (All Girl and Coed Combined)

____ HS VARSITY ____ ALL MUSIC ____ ALL GIRL ____ SMALL ____ MED ____ LARGE OR ____ COED (Coed is 1 or more boys) ____ SM ____ LG

____ HS VARSITY ____ CHEER/DANCE ____ ALL GIRL ____ SMALL ____ MEDIUM ____ LARGE ____ MEGA ____ SUPER OR

____ COED (Coed is 1 or more boys) ____ SM ____ LG

VARSITY CHEER/DANCE & ALL MUSIC TEAMS ONLY:

GROUP: ____ GROUP 1 ____ GROUP 2 ____ GROUP 3 ____ GROUP 4 ____ NON-PUBLIC

COACH (ES): 1. _____

2. _____

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

HOME ADDRESS: _____

E-MAIL ADDRESS: _____

ATHLETIC DIRECTOR'S E-MAIL: _____

REGISTRATION FEES: CHECK ALL THAT APPLY

____ MEMBER REGISTRATION FEE **\$200** PER PERFORMANCE (\$150 for Game Day if Same Team)

____ NON-MEMBER REGISTRATION FEE **\$250** PER PERFORMANCE (\$200 for Game Day if Same Team)

____ BUS PARKING **\$20** PER BUS

____ **\$100** LATE FEE IF POST-DATED AFTER JANUARY 19TH

of PERFORMANCES _____ # of BUSES _____

TOTAL FEES ENCLOSED: \$ _____ CHECKS MADE PAYABLE TO **NICCA**

I certify that the students that are on my roster are currently enrolled in my school, a member of the schools cheer/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 ALL judging decisions are final. DATE: _____

Send all entries to:
NJCDCA STATE CHAMPIONSHIP
C/o Kimberly McGowan
47HIGHFIELD Road
Colonia, NJ 07067

★TEAM ROSTER LISTING
COMPETITORS AND
ALTERNATES MUST BE
ATTACHED TO THIS FORM.
★THIS LETTER MUST BE SIGNED
BY PRINCIPAL

- Registration Check List:**
- ____ Completed & **Signed** Registration form
 - ____ **Certificate of Insurance naming NJCDCA & Cure Insurance Arena**
 - ____ Official Roster of team (incl. alternates)
 - ____ Individual Waivers (including alternates)
 - ____ Floor Selection Form
 - ____ Music Copyright form
 - ____ Registration Fee(s)(PAYABLE TO NJCCA)