

INVOICE



Remit to:
NJCCA
Kimberly McGowan
47 HIGHFIELD Road
Colonia, NJ 07067
 908-499-2245

TO Name: _____
 School Name: _____
 School Street Address: _____

 City, ZIP Code: _____
 School Phone: _____
 Cell Phone: _____
 Email: _____
AD's Name: _____
AD's email: _____

SCHOOL REGSITRATION		PAYMENT TERMS	DUE DATE
NJCCA State Championship Fees <input type="checkbox"/> Member fee: \$225 x _____ teams <input type="checkbox"/> Non-member fee: \$275 x _____ teams <input type="checkbox"/> Game Day \$150 member (same team) <input type="checkbox"/> Game Day \$200 non-member (same team) <input type="checkbox"/> Dance 2 nd Performance \$150 member <input type="checkbox"/> Dance 2 nd Performance \$200 member			ONTIME January 17, 2020 After this date add \$100 late fee No entries accepted after January 24, 2020

<input type="checkbox"/> Cash <input type="checkbox"/> Check# _____ <input type="checkbox"/> PO # _____			
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Note: PO/Checks can be sent separately from invoice to ensure you meet the deadline.

SUBTOTAL	
TOTAL	