



STATE DANCE CHAMPIONSHIP TEAM REGISTRATION FORM

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

SCHOOL: _____

SCHOOL ADDRESS: _____

SCHOOL PHONE: (____) _____ - _____

NUMBER OF COMPETITORS: _____

NUMBER OF ALTERNATES: _____

DIVISION: (MARK DESIRED DIVISION)

____ VARSITY	____ POM	____ VARIETY
____ JUNIOR VARSITY	____ JAZZ	____ HIGH KICK
____ MIDDLE SCHOOL	____ HIP HOP	____ LYRICAL

HEAD COACH: *1. _____

ASST. COACH 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
____ NON-MEMBER REGISTRATION FEE \$250 PER PERFORMANCE
____ Bus Parking Fee \$20 per bus
____ \$100 LATE FEE IF POST-DATED AFTER JANUARY 7 TH

TOTAL # OF TEAMS _____ TOTAL # OF BUSES _____

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

I certify that the students that are on my roster are currently enrolled in my school, a member of the schools 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 Nikki Savino Mulcahy
 16 Wadsworth Terrace
 Cranford, NJ 07016

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)
____	Music Copyright form
____	Registration Fee(s)(PAYABLE TO NJCCA)