



STATE RECREATION CHEER CHAMPIONSHIP TEAM REGISTRATION FORM

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

TEAM NAME: _____

GYM ADDRESS: _____

TOTAL NUMBER OF COMPETITORS: _____: Number of Females _____ Number of Males _____

NUMBER OF CROSSOVERS: _____

LIST THE TEAMS, DIVISIONS AND NUMBER OF ATHLETES THAT CROSSOVER ON THE BACK OF THIS FORM.

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

DIVISION:	CATEGORY:	COED: _____
____ YOUTH A	____ SMALL	(1 male equals Coed)
____ JUNIOR B	____ LARGE	____ SMALL(1-4 MALES)
____ VARSITY C		____ LARGE (5 AND OVER)
____ SENIOR D		

HEAD COACH: *1. _____

ASST. COACH: 2. _____

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

*HOME ADDRESS: _____

*E-MAIL ADDRESS: _____

REGISTRATION FEES: CHECK ALL THAT APPLY

____ REGISTRATION FEE **\$250** PER PERFORMANCE

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

____ **\$100** LATE FEE IF POST-DATED AFTER JANUARY 7TH

Total # of TEAMS _____ Total # of BUSES _____

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

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.

COACH'S SIGNATURE _____ DATE: _____

Send all entries to:
NJCDCA STATE CHAMPIONSHIP
C/o Pat DePalma
196 Ambermist Way
Forked River, NJ 08731

- Registration Check List:**

 - ____ Completed & Signed Registration form
 - ____ Certificate of Insurance naming NJCDCA & Cure Insurance Arena
 - ____ Official Roster of team (including Alternates/CROSSOVERS)
 - ____ Individual Waivers (including alternates)
 - ____ Music Copyright Form
 - ____ Registration Fee(s)(PAYABLE TO NJCCA)