

NJCDCA State All Star & Rec Championships

(You may use one form for up to two teams ★ This form may be duplicated for additional entries)

TEAM ONE:

Gym Name _____

Team Name _____

Level _____

Number of cheerleaders _____ Number of crossovers _____

Gym Address _____

City _____ Zip _____

Gym Phone _____ E-Mail _____

Director's Name _____

Address _____

City _____ Zip _____

Phone _____ E-Mail _____

Cell Phone _____

Name of 1st Coach _____

Name of 2nd Coach _____

Please list teams that crossover: _____

TEAM TWO:

Gym Name _____

Team Name _____

Level _____

Number of cheerleaders _____ Number of crossovers _____

Gym Address _____

City _____ Zip _____

Gym Phone _____ E-Mail _____

Director's Name _____

Address _____

City _____ Zip _____

Phone _____ E-Mail _____

Cell Phone _____

Name of 1st Coach _____

Name of 2nd Coach _____

Please list teams that crossover: _____

I acknowledge the said rules and regulations governing the NJCDCA State Championships. Any infraction of said rules, including but not limited to, unsportsmanlike 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. All judging decisions are final.

Director's Signature _____ Date: _____

Send All Entries to: Kimberly McGowan 47 Highfield Road, Colonia, NJ 07067