

NJCDCA State All Star Championships

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

TEAM ONE:

Gym _____ Team Name _____
Level _____ Director's Name _____
Address _____ City _____
Gym Phone _____ E-Mail _____
Cell Phone _____

1st Coach _____ 2nd Coach _____
Address _____ Address _____
Phone _____ Phone _____
E-Mail _____ E-Mail _____
Cell Phone _____ Cell Phone _____

TEAM TWO:

Gym _____ Team Name _____
Level _____ Director's Name _____
Address _____ City _____
Gym Phone _____ E-Mail _____
Cell Phone _____

1st Coach _____ 2nd Coach _____
Address _____ Address _____
Phone _____ Phone _____
E-Mail _____ E-Mail _____
Cell Phone _____ Cell Phone _____

TEAM THREE:

Gym _____ Team Name _____
Level _____ Director's Name _____
Address _____ City _____
Gym Phone _____ E-Mail _____
Cell Phone _____

1st Coach _____ 2nd Coach _____
Address _____ Address _____
Phone _____ Phone _____
E-Mail _____ E-Mail _____
Cell Phone _____ Cell Phone _____

TEAM FOUR:

Gym _____ Team Name _____
Level _____ Director's Name _____
Address _____ City _____
Gym Phone _____ E-Mail _____
Cell Phone _____

1st Coach _____ 2nd Coach _____
Address _____ Address _____
Phone _____ Phone _____
E-Mail _____ E-Mail _____
Cell Phone _____ Cell Phone _____

I acknowledge the said rules and regulations governing the NJCDCA State Championships. Any infraction of said rules, 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. All judging decisions are final.

Director's Signature _____ Date: _____

Send All Entries to:
Pat DePalma
134 Pine Needle Street
Howell, NJ 07731