

NJCDCA State All Star & Rec Championships

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

TEAM ONE:

| | |
|------------------|-----------------------|
| Gym _____ | Team Name _____ |
| Level _____ | Director's Name _____ |
| Address _____ | City _____ |
| Gym Phone _____ | E-Mail _____ |
| 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 _____ |
| 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 _____ |
| 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, 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:
Kim Gaskin
245 Linden Street, Moorestown, NJ 08057