

INVOICE



Remit ALL PAYMENTS to:

NJCCA
Kimberly McGowan
47 HIGHFIELD Road
Colonia, NJ 07067
 908-499-2245

TO Name: _____
 School Name: _____
 School Street Address: _____

 City, ZIP Code: _____
 School Phone: _____
 Cell Phone: _____
 Email: _____
AD's Name: _____
AD's email: _____

SCHOOL REGSITRATION		PAYMENT TERMS	DUE DATE
<p align="center">NJCCA State Championship Fees</p> <p><input type="checkbox"/> Member fee: \$225 x _____ teams</p> <p><input type="checkbox"/> Non-member fee: \$275 x _____ teams</p> <p><input type="checkbox"/> Game Day \$150 member (same team)</p> <p><input type="checkbox"/> Game Day \$200 non-member (same team)</p> <p><input type="checkbox"/> Dance 2nd Performance \$150 Member</p> <p><input type="checkbox"/> Dance 2nd Performance \$200 Non-member</p> <p><input type="checkbox"/> Recreation fee: \$250 x _____ teams</p> <p><input type="checkbox"/> Late fee after 1/15/2022 fee: \$100 x _____ teams</p>			<p>ONTIME January 15, 2023</p> <p>After this date add \$100 late fee</p> <p>No entries accepted after January 29, 2023</p>
<p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Check# _____</p> <p><input type="checkbox"/> PO # _____</p>			
		SUBTOTAL	
		TOTAL	

Note: PO/Checks can be sent separately from invoice to ensure you meet the deadline.