

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 style="text-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 1/15/2024 fee: \$100 x _____ teams</p>		<p>ONTIME January 15, 2024</p> <p style="color: red;">After this date add \$100 late fee</p> <p>No entries accepted after January 29, 2024</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.

Important Note Regarding Insurance Certificates:

Each team must email/mail with their payment a certificate of insurance naming BOTH the NJCDCA and Brookdale Community College as the additional insured.

If you fail to do so, you will not be able to participate.

The following addresses are for the additional insureds- give to your insurance agent:

NJCDCA: 768 Mehar Court, Toms River, NJ 08753 AND Brookdale Community College: 765 Newman Springs Road, Lincroft, NJ 07738

NO CERTIFICATES WILL BE ACCEPTED the day of competition and verbal authorization is not acceptable.

COIs and payment are a requirement of participation.