



Application Form

NAME _____

SCHOOL _____

ADDRESS _____

SCHOOL ADDRESS _____

(PLEASE INCLUDE YOUR ZIP CODE)

PHONE _____

PHONE _____

ATHLETIC DIRECTOR _____

SWEATSHIRT
SIZE _____

COACH'S NAME _____

EMAIL ADDRESS _____

ADDRESS _____

(PLEASE INCLUDE YOUR ZIP CODE)

HOME PHONE _____

I understand that selection to the NJCDCA All-State Team may require attendance at selected events.

CHEERLEADER/DANCER SIGNATURE

PARENT/GUARDIAN SIGNATURE

(PRINT NAME)

IS A SENIOR IN GOOD STANDING

(SCHOOL NAME)

ATHLETIC DIRECTOR OR SCHOOL ADMINISTRATOR SIGNATURE

In order to be eligible for the All-State Team, your school must be a current member of the New Jersey Cheerleading & Dance Coaches Association or become a NJCDCA member for the school year.