

Long Valley Comp Cheerleading Association's

7th Annual Cheerfest

Sunday, October 25, 2015

Start Time: 8:30 am

General Information:



Entry Fee: \$125.00 per squad



General Admission - \$10.00 Adults, Children under 8-free



2 ½ minute **maximum** routine



Cheer Fest is open and recommended for

*ALL football recreation teams (show us your Half time routine) and high school squads.



ALL SQUADS WILL BE AWARDED BASED ON THEIR LEVEL OF ACHIEVEMENT.



Additional Awards will be based on judges' opinions for

**BEST CHEER
MOST SPIRITED
BEST DANCE**
(1 per session)



Routines will be performed on a 54'x42' foam cheer floor



Practice gym, warm up area will be provided



Professional judging will be provided- alternate judging panel



Registration deadline: September 25, 2015



For additional information,
please call Maria Mikol at (973) 417-1162 or lvcompetitioncheer@gmail.com

Registration Form

(Complete one per squad)

Name of Organization: _____ # of Members: _____

Colors: _____ Team Mascot: _____

Contact Name, address, phone number and email:

Name	Address	Phone Number/Email

Amount Enclosed: _____ (no refunds after October 8)

Make checks payable to: **LVCCA**

Mail to: LVCCA
PO Box 295
Long Valley, NJ 07853

******Copy of Insurance Certificate must be included in registration packet.******

Recreation Division (Rec. Squads must cheer for Football as a team)
Flag/Up to and including 2 nd Grade ____
Pre Clinic/Up to and including 3 rd Grade ____
Clinic/Up to and including 4 th Grade ____
Super Pee Wee/Up to and including 5 th Grade ____
Pee Wee Grade/Up to and including 6 th Grade ____
Junior Varsity/Up to and including 7 th Grade ____
Varsity/Up to and including 8 th Grade ____
High School Football ____ Competition ____

Long Valley Cheerleading Association

Medical Consent and Waiver Form
Each team member must submit a completed form.

Team: _____

Cheerleader's Name: _____

Parent/Guardian: _____

Home Address: _____

Home Phone: _____

Parent/Guardian Work Cell #: _____

Insurance Company: _____

Policy Number: _____

Emergency Contact: _____

Emergency Contact Phone #: _____

I, _____, give my child, _____ permission to participate in the Long Valley Cheerleading Association "Cheerfest." I am aware of the obvious risks involved in the sport of cheerleading. I realize that all necessary precautions will be taken. I give consent that if an accident should occur, my child may be taken to a medical facility and be treated if necessary. The Long Valley Cheerleading Association, the Long Valley Competition Cheerleading Association, the West Morris Regional HS School District, the coaches, parents and volunteers are not liable for any injuries sustained at the competition.

Parent/Guardian Signature

Date

LVCCA
PO Box 295
Long Valley, NJ 07853
Phone: 973-417-1162

INDIVIDUAL T-SHIRT ORDER FORM

\$15.00

(A limited number of shirts
will be available at the
Cheerfest for \$20/shirt)
Cut off date for pre order is SEPTEMBER 25, 2015

Special
Pre-Cheerfest
Price

Name:

Team
Level:
Coaches Name:
Coaches Phone #

INDICATE QUANTITY

Youth Small		Adult Small	
Youth Medium		Adult Medium	
Youth Large		Adult Large	
		Adult X-Large	

Total T- shirts:
Total Paid:

Make checks payable to: LVCCA
Coaches keep this form.

Keep Individual Forms for your records

MASTER ORDER FORM

(You keep individual forms for your cheerleader.

Send in this master form with totals)

CUT OFF DATE FOR PRE ORDER IS SEPT. 25, 2015

T-SHIRT ORDER FORM

\$15.00

Team Name:
Level:
Coaches Name:
Coaches Phone #

INDICATE QUANTITY

Youth Small		Adult Small	
Youth Medium		Adult Medium	
Youth Large		Adult Large	
		Adult X-Large	

Total T- shirts:

Total Paid:

Make checks payable to: LVCCA

NOTE: Send one check for the entire squad's order