

NKCCA February 2, 2019 Competition at Ryle HS
***School Dance* Team Registration Form**
Complete Roster for Each Team Competing Registration & Payment due -1/4/2019

Name of School _____

Contact Name (all competition info will be mailed to this name & address) _____

Phone # _____ Email _____

Contact Name's Address: _____

City _____ State _____ Zip _____

List All Coaches Names (Maximum of 2 for each team, additional coaches are \$5 each)

1. _____ 2. _____

Additional Coaches: _____

Will your team? *Compete* _____ *Expo* _____ (you will receive scoresheet but no trophies) *Perform only* _____ (no scoresheet or trophy)

Performance Type Circle One:

High School

Middle School (MS)

Elementary

Division Category Circle all that apply:

Competition – scoresheets for all teams & trophies presented for 1st & 2nd place.

\$15 fee per athlete per school team or gym, not per athlete, additional categories per team are \$5 per athlete):

Hip Hop

Jazz

Pom

Exhibition Only \$50 per team scoresheet provided, but no trophies:

Kick

Lyrical

Other Category(ies) not listed _____

Performance Only – no charge, but no scoresheets or trophies presented

List type of Dance or Division (*performance only*) _____

Financial Information – Form & Total fee due by 1/4/2019

\$50 late fee assessed after 1/18/2019 Note : late entries will be accepted if space available

Total Number of Participants per category (*List all Participant names & ages on roster*)

Competing Team – number of Athletes _____ x \$15 each = _____

Expo Team (scoresheet, no trophy) – number of teams _____ x \$50 each = _____

Perform only Team (no scoresheet, no trophy)- number of Performances, not athletes _____ x \$0 = _____

Additional Coaches NKCCA member coaches admitted Free &/or two coaches per team _____ x \$5 each = _____

Crossover Athletes / Additional categories (\$5 for each crossover athlete per category) _____ x \$5 each = _____

Total Amount Due =

Mail registration, roster and payment to NKCCA 839 Crocus Lane Taylor Mill, KY 41015
Make checks payable to NKCCA

Roster

Name of Organization or League _____

Contact Name (i.e. Team Mom/Head Coach) _____

Name of Team: (e.g. JV Small, Varsity Large, etc.) _____

Individual Team Members: (Duplicate Roster form for teams with more than 20 members)

Name	Age/Grade
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____

I am entering my team in the NKCCA Competition and to my knowledge, all information provided in this registration is correct and we agree to the following: * Divisions will be determined by the NKCCA and based on the majority age/grade of the team members. * All National Federation Spirit Rules apply.

Coach's Signature: _____ Date: _____