



# ALL-STAR CHAMPIONSHIP

New England Cheerleaders Association Inc.

1.860.848.0040

**GYM OWNER:** Please specify the division & level below and list EACH participant who will be competing. You must list the athlete's birth date and age as of August 31, 2010 (exception senior max age as of 5/31/09). All Participants who are "crossing over" to/from another team MUST be indicated on this form.

**NEW 2010:** This roster MUST accompany your original mailed registration. Final rosters (only if they include changes) must be submitted a week prior to the event. Coaches must carry age eligibility documents for their team members to this event.

Name of Team: \_\_\_\_\_ Division: \_\_\_\_\_ Level: \_\_\_\_\_

Participant's Name	Birth Date	Age	"X" for crossover	List Crossover Team(s) (Divisions & Levels)
1.				
2.				
3.				
4.				
5.				
6.				
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9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

I certify that all the participants listed here meet the eligibility requirements of the division that I have entered them in.

COACH'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

GYM OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ALL-STAR TEAM ROSTER (CONTINUED)** please sign both pages.

<b>Participant's Name</b>	<b>Birth Date</b>	<b>Age</b>	<b>"X" for crossover</b>	<b>List Crossover Team(s) (Divisions &amp; Levels)</b>
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				
35.				
36.				
37.				
38.				
39.				
40.				

I certify that all the participants listed meet the eligibility requirements of the division that I have entered them in.

**COACH'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**GYM OWNER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_