

MAYFLOWER ATHLETIC CONFERENCE
MVADA STATE VOCATIONAL
CHEERLEADING COMPETITION
SUNDAY NOVEMBER 5th
12:00 PM
@ TRI-COUNTY RVTHS

Attached please find a Registration Form. Registration fee is \$100.00 per team.

The following should be sent with your registration:

- Completed registration form
- Fee (Checks made payable to Tri-County RVTHS)
- Roster

All registrations are due by Friday, October 27, 2017

Send TO:

Pete Kubiak: Tournament Director
Tri-County RVTHS
147 Pond Street
Franklin, Ma 02038
Email: kubiak@tri-county.us
Fax: 508-528-6074

ADMISSION:

ADULTS \$7

STUDENTS \$5

Judging and Registration: We will be following National Federation Guidelines as safety rules for the tournament. All coaches are responsible for knowing and adhering to these rules. Any team breaking any of the National Federation and/or MSSAA Guidelines will be warned during warm-ups. Any rule infractions during actual competition will result in penalty deductions. A Principal/Athletic Director's signature is required on all registration forms verifying that your team will adhere to all MSSAA rules and regulations. All teams must be listed on the MSSAA sanctioned teams list. If your team is not on the list you will not be allowed to compete on the day of the competition.

Significant Rule Change #23

All routines are limited to a maximum of two minutes and thirty seconds (2:30). There is no limit to the amount of music that may be used. All routines must include a cheer (before/middle/after/over the music) in order to be properly judged in the voice and motions categories. There is not a minimum time/length requirement.

Timing will begin with the first organized word, movement, or note of music by the team after it is officially announced that they may begin. Coaches are strongly advised to create routines that finish a few seconds under the time limit to ensure that the team does not go over time.

TEAM ROSTER

(Please list all members below – indicating Captains with an *)

1. _____ 13. _____

2. _____ 14. _____

3. _____ 15. _____

4. _____ 16. _____

5. _____ 17. _____

6. _____ 18. _____

7. _____ 19. _____

8. _____ 20. _____

9. _____ 21. _____

10. _____ 22. _____

11. _____ 23. _____

12. _____ 24. _____

FALL 2017

MAC/MVADA CHEERLEADING COMPETITION

TEAM REGISTRATION FORM

SCHOOL NAME: _____

ADDRESS: _____

COACH NAME: _____

COACH EMAIL: _____

PHONE NUMBERS

DAYTIME: _____

EVENING: _____

MASCOT: _____

CHECK ONE: () SINGLE GENDER () COED

SCHOOL COLORS:

OF ATHLETES: _____

PRINCIPAL/ATHLETIC DIRECTOR NAME: _____

SIGNATURE: _____