

# ELLY'S ANGELS 4th ANNUAL Angel Cheer and Dance Championship



**SATURDAY APRIL 18, 2015  
BUFFALO, NY**

## LOCATION

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Sweet Home High School  
1901 Sweet Home Road  
Amherst, NY 14226

## ADMISSON FEES

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All Star Teams: Cost per competitor is \$20. Cross over fee is \$10 per competitor.  
College Teams: \$200 per team  
Individuals: \$25  
Stunt Groups: \$50  
Spectator Fee: \$5  
*(100% of all proceeds will be donated to Elly's Angels and a family in need)*

## COMPETITION SCHEDULE

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Tentative Schedule\* will be posted on Tuesday April 14 at [www.EllysAngels.org](http://www.EllysAngels.org)  
*\*Schedule is subject to change*

## PRIZES AND AWARDS

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Grand Champion: Awarded to each overall division winner  
(All-Star levels 1 - 6, Dance, and College)  
Every team receives a trophy

## PERFORMANCE FLOOR

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There will be a 42'x52' competition SPRING FLOOR for all teams.

## COMPETITION GUIDELINES

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College, High School and Recreation teams will follow Safety Guidelines found at [www.aacca.org](http://www.aacca.org). Divisions will be broken down by size as indicated on the registration form\*.

*\*We reserve the right to combine divisions*

All-Star and Dance Teams will follow USASF Division Guidelines and Leveling System further indicated at [www.usasf.net](http://www.usasf.net)

## RESULTS

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Score sheets will be given to coaches after each awards ceremony.

Results for the entire competition will be posted on our website Tuesday after the event.

## REGISTRATION

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Complete the enclosed registration form and mail with payment to:

ELLY'S ANGELS FOUNDATION

ATTN: Laura Voigt

179 NEW ROAD EAST AMHERST NY

Medical release forms should be signed by each participant and submitted on the day of the competition.

## COMPETITION GUIDELINES

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The Elly's Angels Foundation was formed in 2009 as a volunteer organization. Inspired by Ellyce Kausner, who was killed when Continental Flight 3407 crashed into a home in Clarence, the Elly's Angels Foundation supports the development of strong, confident young women through volunteer opportunities and mentorship. Partnering with Carly's Club, Special Olympics, Roswell Park Cancer Institute, and many other local organizations, Elly's Angels is proud to support the WNY community at events throughout the year. Elly's Angels also provides financial support to special needs infants who are in need of adoption through Adoption S.T.A.R.

## SPONSORS

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If you are interested in sponsoring this event, please complete the enclosed sponsorship form. Sponsorship levels are as follows: Official Sponsor \$3,500, Angel Sponsor \$2,000, Gold Sponsor \$1,000, Silver Sponsor \$500, Bronze Sponsor \$250, Program Sponsor \$100/\$50/\$25.

## CONTACT

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ELLY'S ANGELS FOUNDATION

ATTN: Laura Voigt

179 NEW ROAD EAST AMHERST NY 14051

(716) 636-0209

[ELLYSANGELS09@gmail.com](mailto:ELLYSANGELS09@gmail.com)

[www.EllysAngels.org](http://www.EllysAngels.org)

**ELLY'S ANGELS**  
**4<sup>th</sup> Annual Angel Cheer & Dance Championship**  
**Saturday April 18, 2015**  
**Team Registration Form**

Return this form and payment by April 10, 2015

Registration fees are non-refundable

School/Group:	Phone:
Address:	Fax:
City, ST Zip:	
Contact Name:	Contact Phone:
Contact e-mail:	Alternate Phone:

All-Star/Dance Division	Level* (circle)	Description	# of Participants	Team Name
Rec Cheer	1 2 3 4	Tiny Mini PeeWee Youth Junior Senior		
Tiny	1 Dance	5 yrs & younger		
Mini	1 2 3 Dance	8 yrs & younger		
Youth	1 2 3 4 5 Dance	11 yrs & younger		
Junior	1 2 3 4 5 Dance	14 yrs & younger		
Senior	1 2 3 4 4.2 5 5R Dance	10 yrs - 18 yrs		
All Star Prep	1 2 3	Mini Youth Junior Senior		
Open	5 6 Dance	17 yrs & older (Open 6) 14 yrs & older (International 5)		
Collegiate	All Girl Coed Dance			

\*For further information on levels, please visit [www.usasf.net](http://www.usasf.net).

\*\* For further explanation of College and Recreation Division Rules, please visit [www.aacca.org](http://www.aacca.org).

**TOTAL TEAM MEMBERS:** \_\_\_\_\_ x \$20 = \_\_\_\_\_  
**TOTAL CROSSOVERS:** \_\_\_\_\_ x \$10 = \_\_\_\_\_  
**TOTAL DUE:** \_\_\_\_\_

*Please return this form with your non-refundable fee of \$20/competitor and \$10/crossover by April 10, 2015, to avoid additional charges.*

Please mail to:  
**ELLY'S ANGELS FOUNDATION**  
**179 New Road**  
**East Amherst, NY 14051**

I have read the Competition Information Sheet and the Safety Guidelines/Penalties Sheet and accept its contents.

**Coach/Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**ELLY'S ANGELS**  
**4<sup>th</sup> Annual Angel Cheer & Dance Championship**  
**Saturday April 18, 2015**

**Individual & Stunt Group Registration Form**

Return this form and payment by April 10, 2015

Registration fees are non-refundable

School/Group:		Phone:	
Address:		Fax:	
City, ST Zip:			
Contact Name:		Contact Phone:	
Contact e-mail:		Alternate Phone:	

**INDIVIDUAL (\$20)**

Athlete Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Athlete Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

**STUNT GROUP (\$50)**

Athlete Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Athlete Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Athlete Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Athlete Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Athlete Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

*\*Individual and stunt group divisions will be based on athlete's date of birth.*

Please return this form with your non-refundable fee of \$20/Individual, \$50/Stunt group by April 10, 2015,  
to avoid additional charges.

Please mail to:  
**ELLY's ANGELS FOUNDATION**  
**179 New Road**  
**East Amherst, NY 14051**

I have read the Competition Information Sheet and the Safety Guidelines/Penalties Sheet and accept its contents.

**Coach/Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ELLY'S ANGELS FOUNDATION**  
**4<sup>th</sup> Annual Angel Cheer & Dance Championship**  
**Emergency Medical Release & Liability Waiver**

Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**EMERGENCY INFORMATION**

Father's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Bus Phone (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Bus Phone (\_\_\_\_) \_\_\_\_\_

***In an emergency when parent/guardian cannot be reached, please contact the following:***

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Bus Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Bus Phone (\_\_\_\_) \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical

Conditions \_\_\_\_\_

Physician \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Bus Phone (\_\_\_\_) \_\_\_\_\_

Medical/Hospital Insurance Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

**THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.**

I the undersigned (if participant is 18 years of age or older) or parent/guardian of the above listed minor participant acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Elly's Angels Foundation, its affiliated organizations and sponsors, their coaches, managers, employees and associated personnel, officers, directors, agents, including the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasee from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasee because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasee. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from Elly's Angels Foundation will cause the participant to be removed from the Program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Parent/Guardian's Signature is required if participant is under the age of 18)*

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Participant's Signature is required if participant is 18 years of age or older)*

**ELLY'S ANGELS FOUNDATION**  
**4<sup>th</sup> Annual Angel Cheer & Dance Championship**  
**Saturday April 18, 2015**

***SPONSORSHIP FORM***

_____	<i>Official Sponsor</i>	\$3,500
_____	<i>Angel Sponsor</i>	\$2,000
_____	<i>Gold Sponsor</i>	\$1,000
_____	<i>Silver Sponsor</i>	\$ 500
_____	<i>Bronze Sponsor</i>	\$ 250
_____	<i>Program Sponsor</i>	\$100/\$50

BUSINESS NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

- Checks made payable to “Elly’s Angels Foundation”
- Please email artwork to [EllysAngels09@gmail.com](mailto:EllysAngels09@gmail.com)
- Questions? Please call Cheryl Byer at (716) 982-1338
- SPONSORSHIP COMMITMENTS DUE April 3, 2015
- Checks can be mailed to:  
Elly’s Angels Foundation  
179 New Road  
East Amherst, NY 14051



[WWW.ELLYSANGELS.ORG](http://WWW.ELLYSANGELS.ORG)

**OFFICIAL SPONSOR**

**\$3,500**

- (2) Sponsor signs at competition (1 placed at entry)
- Logo on front page and full page inside ad in Program (respond by 4/3/15)
- Booth at competition
- Logo on event banner
- Recognition at Opening Ceremony
- Recognition in all Press Releases
- 6 complimentary spectator admissions
- Logo on Website

**ANGEL SPONSOR**

**\$2,000**

- (2) Sponsor signs at competition
- Full page ad in Program (respond by 4/3/15)
- Booth at competition
- Logo on event banner
- Recognition at Opening Ceremony
- 4 complimentary spectator admissions
- Logo on Website

**GOLD SPONSOR**

**\$1,000**

- (2) Sponsor signs at competition
- Half page ad in Program (respond by 4/3/15)
- Logo on event banner
- Recognition at Opening Ceremony
- 2 complimentary spectator admissions
- Logo on Website

**SILVER SPONSOR**

**\$500**

- Sponsor sign at competition
- Quarter page ad in Program (respond by 4/3/15)
- Logo on event banner
- Logo on Website

**BRONZE SPONSOR**

**\$250**

- Sponsor sign at competition
- 1/8 page ad in Program (respond by 4/3/15)
- Logo on Website

**PROGRAM SPONSOR**

**\$100/\$50**

- Logo in program
- Name on website