

ELLY'S ANGELS 6th ANNUAL Angel Cheer & Dance Championship



**SATURDAY APRIL 22, 2017
BUFFALO, NY**

LOCATION

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

ADMISSISSON FEES

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

Tentative Schedule* will be posted on Tuesday April 18 at www.EllysAngels.org

**Schedule is subject to change*

PRIZES AND AWARDS

Grand Champion: Awarded to each overall division winner

(All-Star levels 1 - 6, Dance, and College)

Every team receives a trophy

PERFORMANCE FLOOR

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

COMPETITION GUIDELINES

College, High School and Recreation teams will follow Safety Guidelines found at 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

RESULTS

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

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

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

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

ELLY'S ANGELS FOUNDATION

ATTN: Laura Voigt

179 NEW ROAD EAST AMHERST NY 14051

(716) 636-0209

ELLYSANGELS09@gmail.com

www.EllysAngels.org

ELLY'S ANGELS
6th Annual Angel Cheer & Dance Championship
Saturday April 22, 2017
Team Registration Form

Return this form and payment by April 14, 2017
 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.

** For further explanation of College and Recreation Division Rules, please visit 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 14, 2017, 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:** _____

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Individual & Stunt Group Registration Form

Return this form and payment by April 14, 2017
 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 14, 2017,
 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
6th 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 leasers 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
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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
- Questions? Please call Cheryl Byer at (716) 982-1338
- SPONSORSHIP COMMITMENTS DUE April 14, 2017
- Checks can be mailed to:
Elly’s Angels Foundation
179 New Road
East Amherst, NY 14051



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 4/7/17)
- 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 4/7/17)
- 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 4/7/17)
- 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 4/7/17)
- Logo on event banner
- Logo on Website

BRONZE SPONSOR**\$250**

- Sponsor sign at competition
- 1/8 page ad in Program (respond by 4/7/17)
- Logo on Website

PROGRAM SPONSOR**\$100/\$50**

- Logo in program
- Name on website