

ELLY'S ANGELS 8th ANNUAL



Angel Cheer and Dance Championship

Sunday, February 10th, 2019
Buffalo, NY

LOCATION

Lockport High School
250 Lincoln Ave,
Lockport, NY 14094

ADMISSISSON FEES

All Star & Recreation Teams: Cost per competitor is \$20. Cross over fee is \$10 per competitor.
College Teams: \$150 per team, High School Teams: small - \$150, large - \$200, co-ed - \$150
Individuals: \$20 Stunt Groups: \$50
Spectator Fee: \$10, children under 5 free
(Proceeds will be donated to Elly's Angels and a family in need)

COMPETITION SCHEDULE

Tentative Schedule* will be posted on Wednesday, February 6th 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, High School, and College)
Every team receives a trophy

PERFORMANCE FLOOR

There will be a 42'x52' competition SPRING FLOOR for all- star teams. High Schools will perform on a dead mat.

COMPETITION GUIDELINES

High Schools will follow the NYSPHSAA rules and scoring guidelines. College 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.usaf.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: Stephanie Burgess

6815 Forestview Drive

Lockport, NY 14094

Medical release forms should be signed by each participant and submitted on the day of the competition. **Checks should be made out to Elly's Angels**

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 - www.EllysAngels.org

ATTN: Stephanie Burgess

6815 Forestview Drive

Lockport, NY 14094

(716) 713-5717

eliteheatcheer@gmail.com

or

ATTN: Laura Voigt 26

Sweetwater Court

East Amherst, NY 14051

(716) 389-0731

ELLYSANGELS09@gmail.com

ELLY'S ANGELS
8th Annual Angel Cheer & Dance Championship
Sunday February 10th, 2019
Team Registration Form

Return this form and payment by February 3rd, 2019
 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	5 yrs-8 yrs		
Youth	1 2 3 4 5 Dance	5 yrs-11 yrs		
Junior	1 2 3 4 5 Dance	5 yrs-14 yrs		
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)		
High School	Modified D1 or D2	small (8-16 athletes) large (17-32 athletes) co-ed		
High School	JV D1 or D2	small (8-16 athletes) large (17-32 athletes) co-ed		
High School	Varsity D1 or D2	small (8-16 athletes) large (17-32 athletes) co-ed		
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.

***For further information on High School scoring, please visit: NYSPHSAA

TOTAL DUE: _____

Please return this form with your non-refundable fee outlined on page 1 by February 3, 2019, to avoid additional charges.

Please mail to: **ELLY'S ANGELS FOUNDATION**

ATTN: Stephanie Burgess

6815 Forestview Drive, Lockport, NY 14094

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

Coach/Director Signature: _____ **Date:** _____

ELLY'S ANGELS
8th Annual Angel Cheer & Dance Championship
Sunday February 10, 2019

Individual & Stunt Group Registration Form

Return this form and payment by February 3rd, 2019
 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 February 3, 2019, to avoid additional charges.

Please mail to:
 ELLY'S ANGELS FOUNDATION
 ATTN: Stephanie Burgess
 6815 Forestview Drive, Lockport, NY 14094

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
8th 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
8th Annual Angel Cheer & Dance Championship
Sunday February 10, 2019

SPONSORSHIP FORM

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

BUSINESS NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

- Checks made payable to “Elly’s Angels Foundation”
- Please email artwork to eliteheatcheer@gmail.com. Attn: Stephanie Burgess
- Questions? Please call Stephanie Burgess at (716) 713-5717
- SPONSORSHIP COMMITMENTS DUE February 3, 2019
- Checks can be mailed to:

Please mail to:
ELLY'S ANGELS FOUNDATION
ATTN: Stephanie Burgess
6815 Forestview Drive, Lockport, NY 14094



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 2/3/19)
- 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 2/3/19)
- 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 2/3/19)
- 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 2/3/19)
- Logo on event banner
- Logo on Website

BRONZE SPONSOR

\$250

- Sponsor sign at competition
- 1/8 page ad in Program (respond by 2/3/19)
- Logo on Website

PROGRAM SPONSOR

\$100/\$50

- Logo in program
- Name on website