

# Hawks Invitational/ Tri Valley League Tournament

Dear Cheerleaders and Coaches,

Bellingham High School Cheerleaders would like to invite you to compete at our Tri Valley League and Hawks Invitational Cheerleading tournament. **Sunday February 26th Starting at 1pm at Bellingham High School.**

The tournament is open to all Varsity, Junior Varsity, freshman, and Coed teams. To register you must fill out a registration form and send a check in the amount of **\$125 by 2/16/23 made out to Bellingham Athletics**. Checks should be mailed to Bellingham High School Athletic Dept C/O Coach Tracey Elliott at 60 Blackstone Street Bellingham Ma 02019. PLEASE NOTE: Space will be limited and on a first come first serve basis and only guaranteed once paperwork and **payment** is received. (Venmo is an option)

This tournament has been sanctioned by the MSAA and will follow National Federation rules and regulations. (For more information on these guidelines go to [www.nfhs.org](http://www.nfhs.org)). All competing schools and divisions will be based on state lists of school divisions.

There will be a warm up session prior to taking the mat. They will have time to stretch, tumble and then have full mats for routine which will be seen by a penalty judge that has been certified by the MSAA. MSAA Certified judges will judge the competition. They will also use the state approved score sheet.

A final schedule and directions for the day of competition will be emailed to each at least a few days prior to the event but expect a preliminary schedule a week before.

We look forward to seeing you and your team at our fall tournament! If you have any further questions please feel free to contact me [telliott@bpsdk12.org](mailto:telliott@bpsdk12.org) or 508-245-9839.

Sincerely,  
Tracey Elliott  
Bellingham High School Varsity Coach

# TVL/Hawk Registration Form

Please print clearly in blue or black ink.

School's Name: \_\_\_\_\_

School's Mascot: \_\_\_\_\_ School's colors: \_\_\_\_\_

School's Phone #: \_\_\_\_\_ Coach's Name(s): \_\_\_\_\_

Coach's Phone # \_\_\_\_\_ Coach's e-mail: \_\_\_\_\_

Coach's Mailing Address: \_\_\_\_\_

We will be competing in the following division(s): \$125 per team per division

\_\_\_\_\_ Varsity                      Teams Division: \_\_\_\_\_

\_\_\_\_\_ Co-ed

\_\_\_\_\_ J.V.

\_\_\_\_\_ Game Day

\_\_\_\_\_ **Total Enclosed**

**Please select one of the following:**

\_\_\_\_\_ yes, I would like to do Prepenalty      \_\_\_\_\_ no. I do not need prepenalty

**The principals (or AD's) signature indicates that you are a member of the MSA, and that your school enrollment is accurate.**

**Principal or Athletic Director Signature:** \_\_\_\_\_

Please enclose a check for the registration fee to **Bellingham Athletics**. Send this along with your registration form to:

**Bellingham High School Athletic Dept.  
C/O Coach Tracey Elliott  
60 Blackstone Street Bellingham Ma 02019**

\*\*\*If you wish to Venmo the money to Bellingham Cheer to Guarantee your spot please email this form and we will send you our Venmo.

**PLEASE EMAIL Intent to attend and ROSTER to [telliott@bpsdk12.org](mailto:telliott@bpsdk12.org)**

**And please feel free to contact me via email or call 508-245-9839**