

LOCAL CONTEST SOLO ENTRY (MAY NOT BE USED FOR STATE CHAMPIONSHIPS)

Name: _____ Age Cal Yr _____ Birthday _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Twirling Organization: _____

Coaches(List all in past year): _____

Please Circle or Highlight the events you are entering. Do Not staple check to entry

FOUNDATION EVENTS \$5.00			
Beg Basic	Beg Military	Beg Pres	Rhythm Twirl Level _____
Int Basic	Int Military	Int Pres	
Adv Basic	Adv Military	Adv Pres	Body Forms Level _____
# _____ Events @ \$5 = \$ _____			

CAS EVALUATIONS \$6.00(Levels C-BII) \$10.00(Levels A-Elite)	
As of 9/1/07 THE NYTC limits athletes to 2 attempts at any level of compulsories and/or MT per meet	
Compulsories:	\$6.00 each C B B1 B11
Compulsories:	\$10.00 each A AA AAA Elite Short Program \$10 _____
Movement Technique:	\$6.00 each C B B1 B11 (16+ Elite ONLY)
Movement Technique	\$10.00 each A AA AAA Elite
# _____ Events @ \$6 = \$ _____	# _____ Events @ \$10 = \$ _____
<i>Note: USTA limit 2 levels Athletes MUST present their record book.</i>	

Critiques \$15.00 EACH	
Freestyle:	JUV JR SR Level: _____ A AA AAA Elite
Pairs:	JR SR Pairs Partner: _____
Teams:	JR SR
# _____ Evaluations @ \$15 = \$ _____	
<i>Critiques begin immediately following the contest. # of critiques accepted may be limited.</i>	

SOLO EVENTS \$8.00 EACH					
Pike	Beg USTA Strut	Beg DT	Beg 2 Baton	Beg 3 Baton	Novice Solo
Rifle	Int USTA Strut	Int DT	Int 2 Baton	Adv 3 Baton	Beg Solo
	Adv USTA Strut	Adv DT	Adv 2 Baton		Int Solo
Standard Solo Level 1	Standard Solo Level 3				Semi Solo
Standard Solo Level 2					Adv Solo
# _____ Events @ \$8 = \$ _____					

PAIRS EVENTS \$16.00 PER PAIR Note: Mail TOTAL PAIRS ENTRY FEE in one entry	
DT Pairs: BEG INT ADV	Solo Pairs: BEG INTADV
DT Pairs Partner: _____	Solo Pairs Partner: _____
USTA #: _____ Birthdate: _____	USTA #: _____ Birthdate: _____
# _____ Events @ \$16 = \$ _____	

INCLUDE SIGNED WAIVER WITH ENTRY: I accept full responsibility for any accident that may occur and I will not hold the USTA, NY Council or the host organization or facility and all their officers/directors or employees liable. Parent/Guardian Signature: _____ Date: _____

Entry Total: \$ _____
 Program (Optional) : \$1.50
USTA Surcharge(Required): \$0.50
 Member For Day(If not a Member Currently): \$8.00 **USTA #:** _____
TOTAL ENCLOSED: \$ _____

For Confirmation of Entry, please enclose a self addressed stamped envelope.