

NYS USTA SOLO CHAMPIONSHIPS – May 19, 2012 Deadline Date See Information Page

Name _____ USTA ID# _____ DOB _____ Age (as of Dec 31 '12) _____
 Address _____ City _____ State _____ Zip _____
 Phone (____) _____ Fax (____) _____ Email _____
 Coaches(list all in past 12 months) _____ Group Affiliation _____

Please do not staple checks to entry form. Circle/highlight events entering – complete all information including **TOTAL.**

◆ NYS CHAMPIONSHIP EVENTS ◆		
<u>Championship Events</u> <u>(\$20)</u>	<u>Solo Pairs</u> <u>(\$30)</u>	<u>Dance Twirl Pairs</u> <u>(\$30)</u>
Girls' Solo	Pri (comb. 0-16)	Pri (comb. 0-16)
Boys' Solo	Juv (comb. 17-24)	Juv (comb. 17-24)
Dance Twirl	Jr (comb. 25-32)	Jr (comb. 25-32)
Strut	Sr (comb.33+)	Sr (comb. 33+)
Two Baton	Partner name: _____	Partner name: _____
Three Baton	Age:___ Birthday_____	Age:___ Birthday_____
Rifle	<i>Only 1 member sends entry with <u>full</u> payment.</i>	<i>Only 1 member sends entry with <u>full</u> payment.</i>
Flag		
(#) _____ Events @ \$20 = \$ _____	(#) _____ Pairs @ \$30 each: \$ _____	(#) _____ Pairs @ \$30 each: \$ _____
Total for NYS Championship Events →		\$ _____

◆ FESTIVAL OF THE FUTURE EVENTS ◆					
<u>Foundation Events(\$6.00)</u>	<u>Festival Events (\$10)</u>	<u>Festival Solo Pairs(\$20)</u>		<u>Festival DT Pairs(\$20)</u>	
		<u>Beginner</u>	<u>Intermediate</u>	<u>Beginner</u>	<u>Intermediate</u>
Beg Basic	Beg Solo	Pri (comb. 0-16)	Primary	Pri (comb. 0-16)	Primary
Int Basic	Int Solo	Juv(comb.17-24)	Juvenile	Juv(comb.17-24)	Juvenile
Adv Basic	Beg DT	Jr (comb. 25-32)	Junior	Jr (comb. 25-32)	Junior
Beg Mil	Int DT	Sr (comb. 33+)	Senior	Sr (comb. 33+)	Senior
Int Mil	Beg Strut	Partner name: _____		Partner name: _____	
Adv Mil	Int Strut	Age:___ Birthday_____		Age:___ Birthday_____	
Beg Pres	Beg 2 Baton	<i>Only one member sends entry; include <u>full</u> payment.</i>			
Int Pres	Int 2 Baton	(#) _____ Pairs @ \$20 = \$ _____			
Adv Pres	Beg 3 Baton				
(#) _____ Events @ \$6 = \$ _____	(#) _____ Events @ \$10 = \$ _____				
Note: All events are divisional level unless entries warrant dividing. Total for FOF events →					\$ _____

FREESTYLE CRITIQUES (\$25) (Sunday) 7-8AM Practice, Critiques start at 8 A.M. – until finished.
Teams competition will begin after critiques

Freestyle Level _____ If this is a pair, pair level _____ Pair partners name _____ Total Freestyle/Pair Critiques @ \$25 each →	\$ _____
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PLEASE READ “IMPORTANT INFORMATION PAGE FOR THE NEW YORK STATE CHAMPIONSHIPS”. THIS PAGE WILL GIVE YOU DEADLINE DATES AND INSTRUCTIONS. ANY QUESTIONS PLEASE CONTACT KAREN CAMMER, CONTEST DIRECTOR.	Total for indiv. events → \$ _____
	Package fee → \$ _____ <i>(see info at left)</i>
	Add'l Programs(\$7ea) \$ _____ TOTAL ENCLOSED \$ _____ <i>All fees must be enclosed!</i>
	<u>Please do not staple payment to entry form.</u>

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