

BTNI – ESSENTIALS MEET

November 20, 2011 DEADLINE: Monday, November 14, 2011 (Received by)

Grace United Methodist Church Gymnasium

21 South Franklin Avenue

Valley Stream, NY 11580

Meet Director: Karen Cammer

Additional Information Call the BTNI Office: 516-616-3790 or Cell: 631-513-0039

Or email to BTNI1@aol.com

Mail Entry and Payment (Payable to BTNI) to:

Karen Cammer 200 Pinehurst Avenue, Apt A NY, NY 10033

TIME: 6:00 – 8:00 PM

DIRECTIONS: *From the East:* Southern State Parkway West to Exit 15 South (Corona Avenue). At fork bear right (Corona Avenue) Proceed 5 lights (Merrick Road) Cross over Merrick Road. Turn right at first stop sign - Lincoln Avenue. Gym will be on your left. **DO NOT PARK IN PARKING LOT! YOUR CAR WILL BE TOWED!!** Parking in street (4 hour parking) *From the West:* Belt Parkway to Cross Island Parkway. Take the Cross Island to Southern State Parkway East to Exit 15 South (Corona Avenue) Follow above.

COST: First one: \$10 Additional evaluations: \$8 Add \$5 to evaluations after the deadline

For Evaluations: You **MUST** bring your Athlete Record Card or Achievement Book to show documentation of previous evaluations. If you are being evaluated for the first time, you will receive a record card at your evaluation.

REMINDER TO ALL TRIALS/PRE-TRIALS ATHLETES – For freestyle for the 2012 season, the compulsory and movement technique level of an athlete **MUST** be equal. For example, if doing AA Freestyle, an athlete **MUST** have passed AA compulsories and **MUST** have passed AA movement technique.

Name _____ DOB _____ USTA# _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Coach(es) _____

Evaluation: Compulsory Level _____ Movement Technique Level _____

Entry \$ _____ (Evaluation)

USTA Surcharge \$ _____ (50 cents)

Member For A Day \$ _____ (\$8 if not a current USTA member)

TOTAL \$ _____

WAIVER/INDEMNITY OF LIABILITY: I agree to assume the risk of any injury that may happen to me (or my child) as a result of participation in a USTA sanctioned event. I further agree to indemnify and hold the United States Twirling Association, the BTNI its agents or employees harmless from any loss they may sustain as a result of injury to me (or my child) as a result of my participation in USTA/BTNI events. I have read the "Parents/Legal Guardians Responsibilities" (In current Edition of the Rulebook) and as a condition for the USTA's acceptance of my child's (or my) entry in a USTA/BTNI event, I agree to abide by and perform each of the duties that are set forth in that statement.

Parent's Signature _____ Date _____