

# Baton Twirling Network, Incorporated (BTNI)

Proudly Presents their

## 12<sup>th</sup> Annual WINTER FEST CLINIC

Featuring

★ **Glenn Bittenbender, Master Clinician**

★ Other talented instructors added as registration warrants!

**Date:** Sunday, November 20, 2011  
2PM-8:45PM (Classes breakdown below)

**Location:** Grace United Methodist Church  
21 South Franklin Avenue  
Valley Stream, NY 11580

**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.

**NO FOOD MAY BE BROUGHT IN FROM THE OUTSIDE.** There will be a concession stand. Sneakers are to be worn by all in gymnasium. This facility is TOTALLY NON-SMOKING. Thanks You.

**Checks Payable to:** Baton Twirling Network, Inc. (BTNI)  
**Mail to:** 200 Pinehurst Ave., Apt A, New York, NY 10033  
**Email:** [BTNI1@aol.com](mailto:BTNI1@aol.com) **Call for Info:** Office: (516) 616-3790 OR Cell: (631)513-0039  
**Deadline:** Received on or before November 14, 2011  
**Clinic:** Begins at 2 PM with a warm up session.  
**CLINIC FEE:**

<i>Everyone Welcome</i>	<i>2PM-6:00PM</i>	<i>\$45</i>
<i>Advanced &amp; Pros Only</i>	<i>6PM-8:45PM</i>	<i>\$35</i>
<i>Full Day</i>	<i>2PM-8:45PM</i>	<i>\$65</i>

**After deadline add \$10 late fee**

Reminder: You must hold at least a USTA "Member for a Day" membership or AAU membership.

**Mail the form below to BTNI along with payment**

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ USTA ID# \_\_\_\_\_ AAU ID# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Coach (es) \_\_\_\_\_

Organization \_\_\_\_\_

Clinic Fee: \$ \_\_\_\_\_ + USTA Mbr/Day \_\_\_\_\_ (\$8 If Not a member) OR AAU Mbr/Yr Fee \_\_\_\_\_ (\$14)=

Enclosed: \$ \_\_\_\_\_

**Paid by:** Check Money Order

**Waiver/Indemnity of Liability:** I agree to assume the risk of any injury that might happen to my child as a result of participation in any BTNI event. I further agree to indemnify and hold harmless the BTNI, USTA, the facility for any event and it's agents or employees from any loss they may sustain as a result of injury to my child as a result of participation at any BTNI event.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_