



NYS COUNCIL CAS ESSENTIALS MEET
Sunday January 12, 2025
ASCENSION LUTHERAN CHURCH
33 BAYSHORE ROAD, DEER PARK, NY 11729
Doors open at 2:30 - Evaluations begin at 3:00

Athlete-Name: _____ USTA #: _____
 Phone # _____ Email for confirmation of registration: _____
 USTA Membership must be current in order to participate in compulsory evaluations or pay member for a day fee.
 Organization/Coach _____

***Bring your compulsory book with you if you are being evaluated!**

Cost: C, B, BI, BII - \$10.00 A, AA, AA, Elite -\$15.00

Indicate which CAS EVENT(S) you wish to have evaluated and how many times (Limit of 2):

Athlete may be evaluated on two consecutive different levels

Total Fee	Event	Level
	Compulsories	C B BI BII A AA AAA Elite
	Movement Tech	C B BI BII A AA AAA Elite

Total Fee: _____
Non-Member Fee (if needed) \$5: _____
USTA Surcharge per Athlete: \$.50 (required)
Total cost: \$____.50

Due by Monday January 6, 2025. No registrations will be accepted at the door.

Mail to: Patti McKenna, 182 Newbrook Ln, Bay Shore, NY 11706 (Questions- Trishpatti@aol.com)

Payment must be included with the registration form. Cash or check made payable to the NYS Baton Council

Waiver of Liability: I agree to assume the risk that may occur to my child as a result of participating in this evaluation. I will not hold the NY Baton Council, US Twirling Association, or any of its officials liable. As parent/legal guardian, I assume full responsibility as a condition for NY Baton Council acceptance of my child to participate in the above event. I agree to abide by the guidelines provided.

Parent/Legal Guardian (signature): _____ Date: _____

Sanctioned by the United States Twirling Association