

2019 LOCAL CONTEST SOLO ENTRY

(MAY NOT BE USED FOR STATE CHAMPIONSHIPS)

Name: _____ Birthdate: _____ Age Cal Yr: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Parent/Guardian: _____ Email: _____
 Coaches (list all in past year): _____ Twirling Organization: _____

PLEASE CIRCLE OR HIGHLIGHT THE EVENTS YOU ARE ENTERING. DO NOT STAPLE CHECK TO ENTRY

FOUNDATION EVENTS

Nov Basic	Nov Military	Nov Pres	Nov Parade March	
Beg Basic	Beg Military	Beg Pres	Beg Parade March	Rhythm Twirl Level _____
Int Basic	Int Military	Int Pres	Int Parade March	(Non-Sanctioned)
Adv Basic	Adv Military	Adv Pres	Adv Parade March	Body Forms Level _____

_____ Events @ \$5 = \$ _____ (Non-Sanctioned)

CAS EVALUATION \$7.00 (Levels C-BII) \$11.00 (Levels A-Elite)

As of 9/1/07 THE NYTC limits athletes to 2 attempts at any level of compulsories and/or movement per meet

Compulsories:	\$7.00 each	C B BI BII		
Compulsories:	\$11.00 each	A AA AAA Elite	Short Program \$11.00 _____	JR SR
Movement Technique:	\$7.00 each	C B BI BII	(Elite ONLY)	
Movement Technique:	\$11.00 each	A AA AAA Elite		

_____ Events @ \$7 = \$ _____
Note: USTA Limit 2 Levels

_____ Events @ \$11 = \$ _____
Athletes MUST present their record book.

CRITIQUES \$16.00 EACH

Freestyle:	JUV JR SR	Level:	A AA AAA Elite No Level
Pairs:	JR SR	Pairs Partner:	_____
Pre-Trials Teams:	AA AAA	Collegiate Twirl	_____

_____ Evaluations @ \$16 = \$ _____

**Please provide coaches email address for Critiques: _____
of critiques accepted may be limited.

SOLO EVENTS \$9.00 EACH

Nov USTA Strut	Nov Artistic Twirl	Nov 2 Baton	Nov 3 Baton	Nov Solo
Beg USTA Strut	Beg Artistic Twirl	Beg 2 Baton	Beg 3 Baton	Beg Solo
Int USTA Strut	Int Artistic Twirl	Int 2 Baton		Int Solo
Adv USTA Strut	Adv Artistic Twirl	Adv 2 Baton	Adv 3 Baton	Semi Solo
				Adv Solo

_____ Events @ \$9 = \$ _____

PAIRS EVENTS \$18.00 PER PAIR Note: Mail TOTAL PAIRS ENTRY FEE in ONE Entry

Artistic Twirl Pairs:	NOV BEG INT ADV	Duet:	NOV BEG INT ADV
Artistic Twirl Pairs Partner:	_____	Duet Partner:	_____
USTA #: _____	Birthdate: _____	USTA #: _____	Birthdate: _____

_____ Events @ \$18 = \$ _____

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 post organization or facility and all their officers/directors or employees liable.

Parent/Guardian Signature: _____ Date: _____

Entry Total:	\$
Program (Optional)	\$ 3.00
USTA Surcharge (Required)	\$ 0.50
Non-Member Fee (If not a Current Member)	\$ 5.00
TOTAL ENCLOSED:	\$

USTA # _____