

Footlights & Friends - April 13, 2019

Individual Entry Form - No Late Fee Deadline: March 22, 2019

NAME	AGE ON 12/31/19
ADDRESS	BIRTHDATE
CITY	STATE ZIP CODE
E-MAIL	TELEPHONE

COACHES (list all coaches within last 6 months, including coaches for teams):

I hereby release the Contest Director, the sponsoring group, the school district, and USTA from any liability for accident or injury during the contest. I give USTA permission to use photos & video of this athlete/s taken in conjunction with this event.

Signature of parent/guardian required: _____ **Date:** _____

BASIC MARCH

Nov Beg Int
 Adv Exh*
 # of Basic ____ x \$6 = _____

MILITARY MARCH

Nov Beg Int
 Adv Exh*
 # of Military ____ x \$6 = _____

PRESENTATION

Nov Beg Int
 Adv Exh*
 # of Pres ____ x \$6 = _____

1 BATON TRICK MEET*

1 2 3
 4 5 6
 7
 # of TM ____ x \$6 = _____

3 BATON TRICK MEET*

1 2 3
 4 5 6
 7 8
 # of TM ____ x \$6 = _____

PARADE MARCH

Nov Beg Int
 Adv Exh*
 # of Par Mar ____ x \$6 = _____

PARADE MARCH PAIRS*

Nov Beg Int
 Adv Exh*
 # of Par Mar Prs ____ x \$6 ea = _____
 Partner _____
 Partner Age _____

PRE TWO BATON*

Nov Beg Exh*
 # of 2B ____ x \$6 = _____

SOLO

Nov Beg Int
 Adv Exh*-Nov/Beg/Int
 Exh*-Adv
 # of Solos ____ x \$13 = _____

DUET (each)

Nov Beg Adv
 Exh*-Nov/Beg/Int
 Exh*-Adv
 # of Duets ____ x \$13 ea = _____
 Partner _____
 Partner Age _____

TWO BATON

Nov Beg Int
 Adv Exhibition*
 # of 2B ____ x \$13 = _____

STRUT

Nov Beg Int
 Adv Exhibition*
 # of Strut ____ x \$13 = _____

THREE BATON

Nov Beg Adv
 Exhibition*
 # of 3B ____ x \$13 = _____

ARTISTIC TWIRL

Nov Beg Int
 Adv Exhibition*
 # of AT ____ x \$13 = _____

ARTISTIC TWIRL PAIRS (each)

Nov Beg Adv
 Exhibition*
 # of Pairs ____ x \$13 ea = _____
 Partner _____
 Partner Age _____

FREESTYLE

Freestyle- Level ____ 21.00
 Free Pairs- Level ____ ea 21.00
 Partner _____
 Partner Age _____

AUXILIARY - EVALUATION*

<input type="checkbox"/> Apparatus	6.00
<input type="checkbox"/> Flag	13.00
<input type="checkbox"/> Rifle	13.00
<input type="checkbox"/> Show Twirl	16.00
Total	_____

ESSENTIALS (Evaluation)

<input type="checkbox"/> Compulsories	15.00
Level ____	
<input type="checkbox"/> Movement Technique	15.00
Level ____	
<input type="checkbox"/> Short Program	15.00
Level ____	
<input type="checkbox"/> Rhythm Twirl*	6.00
Level ____	
<input type="checkbox"/> Body Forms*	6.00
Level ____	
Total	_____

* Unsanctioned Events

FEES

Event Total	_____
Gym Surcharge - required	5.00
Processing Fee-required	2.00
Late Fee (\$8.00)	_____
Non-Member Fee (\$5.00)	_____
Good Luck Line (\$5.00)**	_____
Total Enclosed	_____

**60 characters -write on back of entry

Questions E-mail:
debanholt@gmail.com

Make Checks Payable to:
Stites

Mail Entries to: Debbie Anholt
3125 S.E. 87th
Portland, OR 97266

USTA# _____ OR PAY NON-MEMBER FEE OF \$5.00
NO LATE FEE DEADLINE: Mar 22, 2019 (Add \$8.00 Late Fee if postmarked after this date) No Entries after Mar 29