

Group Name _____
 Instructor(s) _____
 Address _____
 City _____ State _____ Zip _____
 Phone (day) _____ Phone (eve) _____ E-Mail _____

**MAY USE 1 FORM/ROSTER FOR
 OPEN & REGIONAL/ STATE
 ENTRY FOR EACH TEAM.**

TEAMS **1a. Category:**
 Tiny Tot (0-5.9) Juvenile (6-8.9) Pre-teen (9-11.9) Junior (12-14.99) Senior (15+)
1b. Halftime Team Category:
 Elementary (6-10.99) Junior Hi (11-13.99) Senior Hi (14+) College (18+ must be attending college)

2. Status: Beg. Adv.
3. Size: Small (4-8 memb.) Large (9+ memb.)
4. Event: Open Regional State
5. Type: Dance Twirl Twirl Halftime Show Twirl Halftime Show Pom Pon
 Halftime Show School Majorette (attending same school; 3 members min.): High / Middle / College ~ Dance Twirl / Show Twirl
 Halftime Show _____ (other)

6. Costume Designation: _____
 (i.e. A, B, C or 1, 2, 3 to differentiate between styles (costume changes))
7. Song Title: _____
 (Coaches will be provided a Dropbox, or similar, folder to upload mp3 files for 2017 contests)

Code for Facility Fee (FF) below
F = FF enclosed
S = FF pd-indiv. entry
T = FF pd on other team form

CORPS **1. Event:** Open Regional State
2. Type: Twirl Show (Props) Parade (recorded) Street Parade (Open only) Other _____

~~NAMES OF TWIRLERS~~

#	First Name	Last Name	mm/yy	Age as of 9/1	Individual Team Member's Status Beg or Adv	FF?	Mark siblings with ☆	Shirt size	Check if Entering Clinic @ NE Regls*	Welcome Party
1					<input type="checkbox"/> Beg <input type="checkbox"/> Adv					
2					<input type="checkbox"/> Beg <input type="checkbox"/> Adv					
3					<input type="checkbox"/> Beg <input type="checkbox"/> Adv					
4					<input type="checkbox"/> Beg <input type="checkbox"/> Adv					
5					<input type="checkbox"/> Beg <input type="checkbox"/> Adv					
6					<input type="checkbox"/> Beg <input type="checkbox"/> Adv					
7					<input type="checkbox"/> Beg <input type="checkbox"/> Adv					
8					<input type="checkbox"/> Beg <input type="checkbox"/> Adv					
9					<input type="checkbox"/> Beg <input type="checkbox"/> Adv					
10					<input type="checkbox"/> Beg <input type="checkbox"/> Adv					
11					<input type="checkbox"/> Beg <input type="checkbox"/> Adv					
12					<input type="checkbox"/> Beg <input type="checkbox"/> Adv					

Mail Group checks & entries payable to:
Kristi Ochs
 23 Harvard St
 S.Hadley, MA 01075

TOTAL AGE= _____ AVE. AGE= _____

Facility Fee (FF): _____ members = x \$ _____ = \$ _____
Reg'l/State Event Fee: _____ members = x \$ 5.00 = \$ _____
Open Event Fee: _____ members = x \$ 4.50 = \$ _____
Group Shirt/Shorts Order: _____ items = x \$ varies = \$ _____
Clinic @ NE Regionals* _____ members = x \$ _____ = \$ _____
Twirlers Welcome Party* _____ members = x \$ _____ = \$ _____

GROUP TOTAL: _____ = \$ _____

* Mark here if twirler has not already registered for clinic online with individual entry.