

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:

1b. Halftime Team Category:

- Tiny Tot (0-5.9)
 Juvenile (6-8.9)
 Pre-teen (9-11.9)
 Junior (12-14.99)
 Senior (15+)
 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))

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

7. Song Title: _____
 (Coaches will be provided a Dropbox, or similar, folder to upload mp3 files)

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 Order:	_____ shirts =	x \$ _____	= \$ _____
Clinic @ NE Regionals*	_____ members =	x \$ _____	= \$ _____
Twirlers Welcome Party*	_____ members =	x \$ 5.00	= \$ _____
GROUP TOTAL:			= \$ _____

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