

5th Annual CO-KS USTA Open Contest

Saturday, April 9, 2022

Max Jones Field House, 1206 Arcade, Goodland, KS 67735

Entry "Received By" Deadline: March 6, 2022

Athlete Name: _____ Birthdate: _____ Competitive Age (Age on 8-31-22): _____

Address: _____ City: _____ State: _____ Zip: _____

USTA#: _____ (If no USTA#, pay \$5 non-member fee below.) Phone: _____

Parent/Guardian email address: _____

Coach's email address to receive critiques: _____

For judging purposes, list all instructors for the last 6 months: _____

Duet/AT Pairs/FS Pairs Info (Partner name & competitive age): _____

Essentials Events:

Movement Tech: (\$12) (Circle level) C B BI BII A AA AAA Elite
____ Rating Only (Circle level above)

Compulsories: (\$12) (Circle level) C B BI BII A AA AAA Elite
____ Rating Only (Circle level above)

Short Program: (\$12) _____ (Comments Only)

Essentials Events Total: \$ _____

Foundation Events:

Basic Strut: (\$10) Rating: ____ Nov: ____ Beg: ____ Int: ____ Adv: ____

Parade March: (\$10) Rating: ____ Nov: ____ Beg: ____ Int: ____ Adv: ____

Military Strut: (\$10) Rating: ____ Nov: ____ Beg: ____ Int: ____ Adv: ____

Presentation: (\$10) Rating: ____ Nov: ____ Beg: ____ Int: ____ Adv: ____

Foundation Events Total: \$ _____

Evaluation Only Events:

X-Strut (\$10) _____ Collegiate Event (\$10) _____

Freestyle: (\$10) Level: _____

Freestyle Pairs: (\$10 each) Level: _____

Evaluation Only Events Total: \$ _____

Unsanctioned Events:

Modeling: (\$10) One level: _____

Showtwirl: (\$10) One level: _____

HS Event (\$10) One level: _____

Unsanctioned Events Total: \$ _____

Championship Events:

Solo: (\$12) Rating: ____ Nov: ____ Beg: ____ Int: ____ Adv: ____

Men's Solo: (\$12) Rating: ____ Nov: ____ Beg: ____ Int: ____ Adv: ____

Duet: (\$12 each) Rating: ____ Nov: ____ Beg: ____ Adv: ____

Strut: (\$12) Rating: ____ Nov: ____ Beg: ____ Int: ____ Adv: ____

Artistic Twirl: (\$12) Rating: ____ Nov: ____ Beg: ____ Int: ____ Adv: ____

AT Pairs: (\$12 each) Rating: ____ Nov: ____ Beg: ____ Int: ____ Adv: ____

2-Baton: (\$12) Rating: ____ Nov: ____ Beg: ____ Int: ____ Adv: ____

3-Baton: (\$12) Rating: ____ Nov: ____ Beg: ____ Adv: ____

Championship Events Total: \$ _____

Entry Fee Totals:

Essentials Events Total: \$ _____

Foundation Events Total: \$ _____

Evaluation Only Events Total: \$ _____

Unsanctioned Events Total: \$ _____

Championship Events Total: \$ _____

Non-member Fee: (\$5 if not USTA member) \$ _____

Surcharge/Gym Fee: (Pay once per family) \$ 10

Total Entry Fees: \$ _____

\$25 fee, plus bank fees, for returned checks. All fees must be paid in full PRIOR to the contest.

Waiver of Liability: I agree to assume the risk that may occur to me or my child as a result of participating in the contest. I will not hold USTA or any of its officials/agents liable. As parent/legal guardian, I assume full responsibility as a condition for USTA's acceptance of my child (or my) entry in the above events. Further, I agree to abide by all USTA rules. By participating in this event, I give the Colorado Baton Council permission to use photos and video of this athlete taken in conjunction with this event.

_____ I agree.

Name: _____

Relationship: _____ Date: _____

Make checks payable and mail to:
Colorado Baton Council
c/o Koralea Slagle
P.O. Box 133
Clay Center, KS 67432

Questions? Koralea Slagle, 785-632-1417
Anna Dolan, 303-349-7267