

# 2012 U.S. Trials Freestyle Entry Form

Athlete's Elite USTA ID #: \_\_\_\_\_  
 Athlete's Name \_\_\_\_\_ Age as of 12/31/12: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Primary Coach: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Coach: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**\*ONLY list email address you wish to receive confirmations and any important correspondence regarding this competition.**

**IMPORTANT NOTES:**

- If the USTA cannot locate & verify your current USTA Membership record, you will be required to send photocopy of your membership information prior to the entry deadline.
- Athletes must hold Elite Membership by the deadline date of January 11 or your entry will not be accepted.
- An Entry Status Report will be sent to all participants via email. Should your entry be incomplete you will be notified in this status report that you have until the deadline date of January 11 to provide the necessary information before the entry is refused.
- By participating in this event, you give USTA permission to use photos and video of this athlete/athletes taken in conjunction with this event.
- The submission of this entry into the U.S. Trials serves as acknowledgement by the athlete/s on this entry that s/he is(are) eligible for a U.S. passport.

**Entry Information:**

CHECK CATEGORY ENTERED:  
 Women \_\_\_\_\_ Men \_\_\_\_\_  
 Junior Freestyle  Junior Freestyle  
 Senior Freestyle  Senior Freestyle

- ALL OF THE FOLLOWING MUST BE MARKED ON YOUR ENTRY:
- USTA Elite ID #
  - Notation of Compulsory & Movement Technique Records
  - Waiver of Liability - Signed
  - Official Freestyle Entry Form with Fees
  - Music Information
  - Housing Information
  - Media Information

**\*Compulsories + Movement Technique:**  
 All freestyle athletes must have passed every level of compulsories from C through Elite and every level of Movement Technique from C through Elite by the required deadline.  
  
 If the USTA cannot verify the athlete's Compulsory or Movement Technique status in the database records, a photocopy showing the required level[s] passed must be sent in to the Membership/Entry Department and received by:  
**Wednesday, January 11, 2012.**

Current Level Compulsories  Current Level Movement Technique  
 \*Proof that all required compulsory levels have been passed  
 \*Proof that all required movement technique levels have been passed

No personal checks. Cashier's checks, money orders, certified funds or credit cards only.

**FREESTYLE ENTRY FEE: \$ 250.00**  
  
**AMT. ENCLOSED \$ \_\_\_\_\_**

**Entries must be RECEIVED by Wednesday, January 11, 2012**  
 • Send COMPLETE entries and fees to:  
  
 USTA Membership/Entry Department  
 18511 State Route 501  
 Wapakoneta, OH. 45895  
  
 Phone 321 206 3242  
 Note: No fax or phone entries accepted.

Circle one Visa MasterCard American Express Discover  
 Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Name of Cardholder \_\_\_\_\_  
 Credit Card Billing Address (if different than above) \_\_\_\_\_  
 Signature of Cardholder \_\_\_\_\_  
 (PLEASE PRINT LEGIBLY)

**ALL FORMS MUST BE COMPLETED AND SENT WITH ENTRY FORM TO THE MEMBERSHIP/ENTRY DEPARTMENT BY THE DEADLINE**

**WAIVER/INDEMNITY OF LIABILITY:**

I agree to assume the risk of any injury that may happen to me (or my child) as a result of participation in U.S. Trials. I further agree to indemnify and hold the U.S. Twirling Association, its agents or employees harmless from any loss they may sustain as a result of injury to me (or my child) as a result of participation in the event/s named above. I have read the "Parent's/Legal Guardian Responsibilities" (of the current USTA Rulebook) and as a condition for the USTA acceptance of my child's (or my) entry in the above event I agree to abide by and perform each of the duties that are set forth in that statement.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signed by: (Parent/Legal Guardian): \_\_\_\_\_

**MUSIC INFORMATION** (This information is required for copyright purposes)

Title(s) of Musical Selection(s): \_\_\_\_\_  
 Album Title: \_\_\_\_\_  
 Album Label: \_\_\_\_\_  
 Composer (Not Performer): \_\_\_\_\_

**U.S. Trials Housing Information**

Athlete's Name: \_\_\_\_\_  
 I will arrive at \_\_\_\_\_ (Time) on \_\_\_\_\_ (Date).  
 I will be staying at \_\_\_\_\_  
 If **NOT** staying at hotel/motel, complete the following:  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Media Information**

Athlete's Name: \_\_\_\_\_  
 Local newspaper name \_\_\_\_\_ Telephone/fax \_\_\_\_\_  
 Local TV stations (ABC, NBC, CBS, FOX affiliates):  
 Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Name \_\_\_\_\_ Telephone \_\_\_\_\_

Fax \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Fax \_\_\_\_\_

Office Use Only  Entry Form Complete - Process Immediately  
 Entry Form Incomplete - Return to Athlete - NO REFUNDS ALLOWED

# 2012 U.S. Trials Pairs Entry Form

USTA Elite ID # Pair Member # 1: \_\_\_\_\_  
 Name of Pair Member # 1: \_\_\_\_\_ Age as of 12/31/12: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

USTA Elite ID # Pair Member # 2: \_\_\_\_\_  
 Name of Pair Member # 2: \_\_\_\_\_ Age as of 12/31/12: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Coach: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Coach: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**\*ONLY list email address you wish to receive confirmations and any important correspondence regarding this competition.**

**IMPORTANT NOTES:**

- If the USTA cannot locate & verify your current USTA Membership record, you will be required to send photocopy of your membership information prior to the entry deadline.
- Athletes must hold Elite Membership by the deadline date of January 11 or your entry will not be accepted.
- An Entry Status Report will be sent to the Pair member submitting the entry via email. Should your entry be incomplete you will be notified in this status report that you have until the deadline date of January 11 to provide the necessary information before the entry is refused.
- By participating in this event, you give USTA permission to use photos and video of this athlete taken in conjunction with this event.
- The submission of this entry into the U.S. Trials serves as acknowledgment by the athlete(s) on this entry that s/he is(are) eligible for a U.S. passport.

**Entry Information:**

CHECK CATEGORY ENTERED:

Junior Pairs  
 Senior Pairs

ALL OF THE FOLLOWING MUST BE MARKED ON YOUR ENTRY:

USTA Elite ID #s  
 Notation of Compulsory & Movement Technique Records  
 Waiver of Liability - Signed  
 Official Pair Entry Form with Fees  
 Housing Information  
 Music Information  
 Media Information

Pair Member # 1  
 Current Level Compulsories  
 Current Level Movement Technique  
 Pair Member # 2  
 Current Level Compulsories  
 Current Level Movement Technique

\*Proof that all required compulsory levels have been passed  
 \*Proof that all required movement technique levels have been passed

No personal checks. Cashier's checks, money orders, certified funds or credit cards only.

**PAIRS ENTRY FEE: \$ 400.00**

**AMT. ENCLOSED \$ \_\_\_\_\_**

Circle one: Visa MasterCard American Express Discover

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Credit Card

Billing Address (if different than above) \_\_\_\_\_

(PLEASE PRINT LEGIBLY)

Signature of Cardholder \_\_\_\_\_

*\*Compulsories + Movement Technique: Trials pairs athletes must pass every level of compulsories from C through AA and every level of Movement Technique from C through AA by the required deadline. When completing entry, state current level of Compulsories and Movement Technique. If the USTA cannot verify the athlete's Compulsory & Movement Technique status in the database records, a photocopy showing the required level[s] passed must be sent in to the Membership/Entry Department and received by: Wednesday, January 11, 2012.*

**Entries must be RECEIVED by  
 Wednesday, January 11, 2012**  
 • Send COMPLETE entries and fees to:  
  
 USTA Membership/Entry Department  
 18511 State Route 501  
 Wapakoneta, OH. 45895  
  
 Phone 321 206 3242  
 Note: No fax or phone entries accepted.

**ALL FORMS MUST BE COMPLETED AND SENT WITH ENTRY FORM TO THE MEMBERSHIP/ENTRY DEPARTMENT BY THE DEADLINE**

**WAIVER/INDEMNITY OF LIABILITY:**

I agree to assume the risk of any injury that may happen to me (or my child) as a result of participation in U.S. Trials. I further agree to indemnify and hold the U.S. Twirling Association, its agents or employees harmless from any loss they may sustain as a result of injury to me (or my child) as a result of participation in the event/s named above.

I have read the "Parent's/Legal Guardian Responsibilities" (of the current USTA Rulebook) and as a condition for the USTA acceptance of my child's (or my) entry in the above event

I agree to abide by and perform each of the duties that are set forth in that statement.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signed by: (Parent/Legal Guardian): \_\_\_\_\_

**MUSIC INFORMATION** (This information is required for copyright purposes)

Title(s) of Musical Selection(s): \_\_\_\_\_  
 Album Title: \_\_\_\_\_  
 Album Label: \_\_\_\_\_  
 Composer (Not Performer): \_\_\_\_\_

**U.S. Trials Housing Information**

Pair Member 1: \_\_\_\_\_  
 I will arrive at \_\_\_\_\_ (Time) on \_\_\_\_\_ (Date).  
 I will be staying at \_\_\_\_\_  
 If **NOT** staying at hotel/motel, complete the following:  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**U.S. Trials Housing Information**

Pair Member 2: \_\_\_\_\_  
 I will arrive at \_\_\_\_\_ (Time) on \_\_\_\_\_ (Date).  
 I will be staying at \_\_\_\_\_  
 If **NOT** staying at hotel/motel, complete the following:  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Media Information**

Athlete's Name: \_\_\_\_\_  
 Local newspaper name \_\_\_\_\_  
 Local TV stations (ABC, NBC, CBS, FOX affiliates):  
 Name \_\_\_\_\_  
 Name \_\_\_\_\_  
 Name \_\_\_\_\_

Telephone/fax \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Telephone \_\_\_\_\_

Fax \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Fax \_\_\_\_\_

Office Use Only  Entry Form Complete - Process Immediately  
 Entry Form Incomplete - Return to Athlete - NO REFUNDS ALLOWED

# 2012 U.S. Trials Team Entry Form

Name of Team: \_\_\_\_\_ # of Members: \_\_\_\_\_ # of Alternates: \_\_\_\_\_

\*\*Name of Director: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Coach: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Coach: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**\*ONLY list email address you wish to receive confirmations and any important correspondence regarding this competition.**

**\*\* Directors:** If you want floor privileges & a coach certificate, please list yourself as the Primary or Secondary Coach of the Team, in addition to the Director.

**IMPORTANT NOTES:**

- If the USTA cannot locate & verify your current USTA Membership record, you will be required to send photocopy of your membership information prior to the entry deadline.
- Athletes must hold Elite Membership by the deadline date of January 11 or your entry will not be accepted.
- An Entry Status Report will be sent to the Director via email. Should your entry be incomplete you will be notified in this status report that you have until the deadline date of January 11 to provide the necessary information before the entry is refused
- By participating in this event, you give USTA permission to use photos and video of this athlete/athletes taken in conjunction with this event.
- The submission of this entry into the U.S. Trials serves as acknowledgement by the athlete/s on this entry that s/he is(are) eligible for a U. S. passport.

**Entry Information:**

CHECK CATEGORY ENTERED:

Team

ALL OF THE FOLLOWING MUST BE MARKED ON YOUR ENTRY:

- USTA Elite ID Numbers for all members
- Notation of Compulsory & Movement Technique Records for all members
- Waiver of Liability - Signed
- Official Team Entry Form with Fees
- Housing Information
- Music Information
- Media Information

List Current Level Compulsories and Current Level

Movement Technique for each member on the Team Roster

\*Proof that all required compulsory levels have been passed

\*Proof that all required movement technique levels have been passed

*\*Compulsories + Movement Technique: All team athletes must have passed every level of compulsories from C through AA and every level of movement technique from C through AA by the required deadline.*

*When completing entry, state current level of Compulsories and Movement Technique. If the USTA cannot verify the athlete's Compulsory or Movement Technique status in the database records, a photocopy showing the required level(s) passed must be sent in to the Membership/Entry Department and received by:*

**Wednesday, January 11, 2012.**

No personal checks. Cashier's checks, money orders, certified funds or credit cards only.

**TEAM ENTRY FEE: \$ 800.00**

**AMT. ENCLOSED \$ \_\_\_\_\_**

Circle one Visa MasterCard American Express Discover

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Credit Card Billing Address (if different than above) \_\_\_\_\_  
(PLEASE PRINT LEGIBLY)

Signature of Cardholder \_\_\_\_\_

**Entries must be RECEIVED by  
Wednesday, January 11, 2012**

• Send COMPLETE entries and fees to:

USTA Membership/Entry Department  
18511 State Route 501  
Wapakoneta, OH. 45895

Phone 321 206 3242

Note: No fax or phone entries accepted.

**ALL FORMS MUST BE COMPLETED AND SENT WITH ENTRY FORM TO THE MEMBERSHIP/ENTRY DEPARTMENT BY THE DEADLINE**

**WAIVER/INDEMNITY OF LIABILITY:**

I agree to assume the risk of any injury that may happen to me (or my child) as a result of participation in U.S. Trials. I further agree to indemnify and hold the U.S. Twirling Association, its agents or employees harmless from any loss they may sustain as a result of injury to me (or my child) as a result of participation in the event/s named above.

I have read the "Parent's/Legal Guardian Responsibilities" (of the current USTA Rulebook) and as a condition for the USTA acceptance of my child's (or my) entry in the above event

I agree to abide by and perform each of the duties that are set forth in that statement.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signed by: (Parent/Legal Guardian): \_\_\_\_\_

**MUSIC INFORMATION** (This information is required for copyright purposes)

Title(s) of Musical Selection(s): \_\_\_\_\_

Album Title: \_\_\_\_\_

Album Label: \_\_\_\_\_

Composer (Not Performer): \_\_\_\_\_

**U.S. Trials Housing Information**

Name of Person Responsible for Team at the U.S. Trials :

I will arrive at \_\_\_\_\_ (Time) on \_\_\_\_\_ (Date).

I will be staying at \_\_\_\_\_

If **NOT** staying at hotel/motel, complete the following:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Media Information**

Athlete's Name: \_\_\_\_\_

Local newspaper name \_\_\_\_\_

Local TV stations (ABC, NBC, CBS, FOX affiliates): \_\_\_\_\_

Telephone/fax \_\_\_\_\_

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Office Use Only  Entry Form Complete - Process Immediately  
 Entry Form Incomplete - Return to Athlete - NO REFUNDS ALLOWED

# 2012 U.S. Trials Team Entry Form - Team Roster

Name of Team: \_\_\_\_\_

# of Members: \_\_\_\_\_ # of Alternates: \_\_\_\_\_

1	Athlete's Name	Birth date	Alternate	Elite Member ID #	Passport #	Passport Exp Date
	Address	City	State	Zip	Phone	Email
	Current Level Compulsories					
	Current Level Movement Technique					
	Athlete's Name	Birth date	Alternate	Elite Member ID #	Passport #	Passport Exp Date
	Address	City	State	Zip	Phone	Email
	Current Level Compulsories					
	Current Level Movement Technique					
	Athlete's Name	Birth date	Alternate	Elite Member ID #	Passport #	Passport Exp Date
	Address	City	State	Zip	Phone	Email
	Current Level Compulsories					
	Current Level Movement Technique					
	Athlete's Name	Birth date	Alternate	Elite Member ID #	Passport #	Passport Exp Date
	Address	City	State	Zip	Phone	Email
	Current Level Compulsories					
	Current Level Movement Technique					
	Athlete's Name	Birth date	Alternate	Elite Member ID #	Passport #	Passport Exp Date
	Address	City	State	Zip	Phone	Email
	Current Level Compulsories					
	Current Level Movement Technique					
	Athlete's Name	Birth date	Alternate	Elite Member ID #	Passport #	Passport Exp Date
	Address	City	State	Zip	Phone	Email
	Current Level Compulsories					
	Current Level Movement Technique					
	Athlete's Name	Birth date	Alternate	Elite Member ID #	Passport #	Passport Exp Date
	Address	City	State	Zip	Phone	Email
	Current Level Compulsories					
	Current Level Movement Technique					
	Athlete's Name	Birth date	Alternate	Elite Member ID #	Passport #	Passport Exp Date
	Address	City	State	Zip	Phone	Email
	Current Level Compulsories					
	Current Level Movement Technique					
	Athlete's Name	Birth date	Alternate	Elite Member ID #	Passport #	Passport Exp Date
	Address	City	State	Zip	Phone	Email
	Current Level Compulsories					
	Current Level Movement Technique					
	Athlete's Name	Birth date	Alternate	Elite Member ID #	Passport #	Passport Exp Date
	Address	City	State	Zip	Phone	Email
	Current Level Compulsories					
	Current Level Movement Technique					