



2018 Candy Land Team Roster & Entry



(One Sheet per team event)

TEAM NAME: _____ DIRECTOR: _____ PHONE: _____
ADDRESS: _____ EMAIL: _____

HALF TIME DIVISION: <input type="checkbox"/> Elementary (6-10.99) <input type="checkbox"/> Junior (11-13.99) <input type="checkbox"/> Senior (14+) <input type="checkbox"/> College (Must all be in college) <input type="checkbox"/> Halftime Show School Majorette (attending same school; 3 members min.): High / Middle / College ~ Dance Twirl / Show Twirl	TEAM DIVISION: <input type="checkbox"/> Dance Twirl <input type="checkbox"/> Twirl Team TEAM STATUS: <input type="checkbox"/> Beg. <input type="checkbox"/> Adv. TEAM SIZE: <input type="checkbox"/> Sm(4-8) <input type="checkbox"/> Lrg. (9-13) <input type="checkbox"/> X-Lrg. (14+) CATEGORY: <input type="checkbox"/> Tiny-Tot (0-5.99) <input type="checkbox"/> Juv. (6-8.9) <input type="checkbox"/> Pre-teen (9-11.9) <input type="checkbox"/> Junior (12-14.9) <input type="checkbox"/> Senior (15+)
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CORP DIVISION: Juv.(10+members) OR Open (12+members) Twirl Show (Props) Show (Scenery)
 Parade Corp Street Parade Other _____

Name of Twirlers	Date of Birth	Age as of Sept 1 st 2017	Individual Team Status Beg. or Adv.	Facility Fee	Mark Siblings with ★
1]					
2]					
3]					
4]					
5]					
6]					
7]					
8]					
9]					
10]					
11]					
12]					
13]					
14]					

Total Team Age: _____ Avg. Age: _____

FE: Facility Fee Enclosed
FWS: Facility Fee w/ Solo Entry
FOT: Facility Fee paid on other team entry

Facility Fees for Twirlers on **Team Only** should be included with this form. Solo twirlers should include their \$25 F. Fee with their solo entry.

Twirlers on **Team ONLY** _____ Members= x \$15.00 \$ _____
Team Event Fee: _____ Members= x \$4.50 \$ _____

Team Total: \$ _____

Please mail all group entries & checks payable to:
Tina White
125 Vernon St.
Bridgewater, MA 02324

Team Directors this form must be filled out completely so that it can be processed. No exceptions.

2018 Candy Land Open Competition - Liability Release Form

Twirlers Name _____

I consent to this participation and further certify that I am adequately covered by parent insurance and agree that the Candy Land Open Competition, Southern New Hampshire University, contest directors, all contest officials, volunteers and staff members shall not be held liable for any accident or injuries which may result from competing in the Candy Land Open Competition on April 14, 2018.

Signed _____ Date _____

(Parent / Legal Guardian)

Print Name _____



Note: In order to process Solo & Team entry forms – this form must be completed for each twirler competing.