



CAS ESSENTIALS OPEN MEET

January 8th, 2022 Saturday

4pm to 6pm Dance Arts Academy 5725 Winfield Blvd. San Jose, CA 95123

Name: _____ Coach: _____

Address: _____ Phone: _____

City/State/Zip: _____ USTA #: _____

Email for confirmation of entry: _____

Cost: \$15 per evaluation or critique

Payable to California Baton Council via PayPal: californiabatoncouncil@gmail.com

Indicate which CAS EVENT(S) you wished to have evaluated or critiqued:

Athlete may attempt twice to pass any one level. Athlete may enter two consecutive different levels.

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|------------------------------------------|---------------------------|--------------------------------------------------|---------------------------|
| Compulsory Evaluation or Critique Level: | C B BI BII A AA AAA Elite | Movement Technique Evaluation or Critique Level: | C B BI BII A AA AAA Elite |
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How does this work?

Athlete will have a confirmed 15-minute time slot or more if needed based on entry.

Athlete may arrive 30 minutes prior to their allotted time to properly warm up inside or outside then shortly prior to time slot.

Athlete and spectator will wear a mask upon entry, follow social distance protocols and any other health guidelines required.

Athlete may wear mask during evaluation or prefer to take off only during evaluation.

Fill out entry form by December 31st, 2021, scan and send to CAS Open Meet Director, Paige Campbell: vbcontest@gmail.com.

PayPal Payment to California Baton Council: californiabatoncouncil@gmail.com (US Mail Payment to: Tina Allman, CBC Treasurer, 555 Sunnyview Drive Apt 103 Pinole, CA 94564)

Waiver of Liability: I agree to assume the risk that may occur to my child as a result of participating in this evaluation. I will not hold Dance Arts Academy, California Baton Council, US Twirling Association, or any of its' officials liable. As parent/legal guardian, I assume full responsibility as a condition for VBC's acceptance of my child to participate in the above event. I agree to abide by the provided guidelines.

Total Entry:

\$

Please send PayPal as Friends and Family, so no fees are accessed.

Parent/Legal Guardian (signature): _____ Date: _____