

IMPORTANT INFORMATION PAGE FOR THE NYS CHAMPIONSHIPS

VERY IMPORTANT – If all monies owed are not paid to the NY Twirling Council of local contest directors 3 weeks prior to the NYS Championships, the athlete will not compete at the NYS Championship and there will be no refund of entry fees*

This year we are going back to a two-day State Contest to allow the athletes to more time.

Saturday*	Sunday*
Compulsory Critiques & Short Program Freestyle Festival & NYS 2B, 3B Festival & NYS Strut Finals Festival and NYS Artistic Twirl and Artistic Twirl Pairs Finals Festival and NYS Solo and Duet Finals	Foundation Events Foundation Awards Teams, Collegiate and Trios Command Performances by our 2025 Grand Champions Team Awards

*Schedule may change due to entries

Ages: Athletes must enter the NYS Championships at the age they will be on August 31st, 2025.

USTA Membership: The entry director will check memberships with USTA. If you are not a current USTA member when you submit your entry, then you must include the \$5.00 Non-Member Fee. (Please note USTA membership fees other than the non-member fee cannot be accepted by anyone other than the National USTA member services office.)

Deadline/Method of Payment: No Fax Entries Accepted! ***ENTRY DEADLINE- RECEIVED BY APRIL 10, 2025** *ABSOLUTELY NO ENTRIES WILL BE ACCEPTED AFTER APRIL 10, 2025*

Payment: you can mail a bank check or money order payable to NYTC to Deb Doherty 85 Birch Street Floral Park, NY 11001 *Whether you mail an entry in or submit it on

Google Form, you MUST mail payment in this year*

One entry per form; so if you have 2 children competing, they each need their own entry form but you can send one payment in.

T-Shirt and Programs MUST be ordered on the NYS entry this year.

INDIVIDUAL INFORMATION

Click here for the individual entry: [Google Form: Individual Entry](#)

Package Info: Required (includes 1 program):

NYS Championships: \$20 per individual athlete.

2nd Child in family \$10.

Only 1 child receives NYS Program.

Order EXTRA Programs through the NYS Contest Directors/Entry Forms

If pair partner is not entering other individual events, include her/his package fee on this form.

Group Information

1. All entries must be accompanied by attached roster listing team/corps members, ages, birth dates and average ages for each team/corps. It must also list musical selections for all teams if not listed on entry form. Please type or print clearly. You can also email ddoherty824@gmail.com your rosters.

2. All members of more than one team/corps must be designated on the roster listing the name of the other groups with category, level and age division specified. This includes members who may belong to more than one organization.

3. Fee columns include USTA surcharge. Organization fees are \$40, **pay once per organization.**

Questions or concerns NYS Championships: ddoherty824@gmail.com or call/text
516-316-9347

All 2025 NYS & FOF Champions please email bios to Keri Cooke-Szachacz at kericooke@gmail.com

NYS TEAM WAIVER

Sign the waiver below for teams:

INCLUDE SIGNED WAIVER WITH ENTRY:I agree to assume the risk

of any injury that may happen to me (or my child) because of participation in a USTA sanctioned event. I further agree to indemnify and hold the United States Twirling Association, NYTC, Central Islip School District, and their agents, or employees harmless from any loss sustained as a result of injury to me (or my child) as a result of participation in USTA events. I have read the “Parents/Legal Guardians Responsibilities” in Section 1 of the current edition of the USTA Information, Procedures and Rules manual. As a condition for USTA’s acceptance of my (or my child’s) entry in a USTA event, I agree to abide by and perform each of the duties set forth in that Section. By participating in a USTA event, I give USTA permission to use photos and video of myself (or my children) taken in conjunction with a USTA event.

_____ **Parent Signature**

_____ **Date**

NYS & FOF USTA SOLO CHAMPIONSHIPS – May 17 – 18, 2025

Deadline: RECEIVED BY April 10, 2025 - See Instruction Page

Name:		Date of Birth:	Age as of 8/31/24:	
Address:		City:	State:	Zip:
Phone:	Email:			USTA#
Coaches (list ALL in past 12 months)			Group Affiliation:	

Please do not staple check to entry form. Circle/Highlight events entering - complete all information including TOTAL

** NYS CHAMPIONSHIP EVENTS **

<u>Championship Events (\$25)</u>	<u>Duet (\$45)</u>	<u>Artistic Twirl Pairs (\$45)</u>
Women's Solo	Primary (comb. 0-18)	Primary (comb. 0-18)
Men's Solo	Juvenile (comb. 19-26)	Juvenile (comb. 19-26)
Artistic Twirl	Junior (comb. 27-34)	Junior (comb. 27-34)
Strut	Senior (comb. 35+)	Senior (comb. 35+)
Two Baton	Partner Name: _____	Partner Name: _____
Three Baton	Age: _____ Birthday _____	Age: _____ Birthday _____
X-Strut (evaluative only & non-sanctioned)	<i>Only 1 member sends entry with FULL payment</i>	<i>Only 1 member sends entry with FULL payment</i>
(#) _____ Events @ \$25 = \$ _____	(#) _____ Events @ \$45 = \$ _____	(#) _____ Events @ \$45 = \$ _____

Total for NYS Championship Events ➡ \$

** FESTIVAL OF THE FUTURE EVENTS **

<u>Foundation Events (\$12)</u>	<u>Festival Events (\$20)</u>	<u>Festival Duet (\$35)</u>	<u>Festival AT Pairs (\$35)</u>
Basic Nov Beg Int Adv	USTA Strut Nov Beg Int	Primary (comb. 0-18)	Primary (comb. 0-18)
Parade Nov Beg Int Adv	AT Nov Beg Int	Juvenile (comb. 19-26)	Juvenile (comb. 19-26)
Military Nov Beg Int Adv	Solo Nov Beg Int	Junior (comb. 27-34)	Junior (comb. 27-34)
Pres Nov Beg Int Adv	2-Baton Nov Beg Int	Senior (comb. 35+)	Senior (comb. 35+)
	3-Baton Nov Beg	Partner Name: _____	Partner Name: _____
		Age: _____ Birthday _____	Age: _____ Birthday _____
(#) _____ Events @ \$12 = \$ _____	(#) _____ Events @ \$20 = \$ _____	<i>Only 1 member sends entry with FULL payment</i>	
		(#) _____ Events @ \$35 = \$ _____	

Total for FOF Events ➡ \$

FREESTYLE CRITIQUES & COLLEGIATE (\$30) (can only enter once)

Saturday- 7-8am Practice -Critiques follow short program

Freestyle Level _____ Pairs Level _____ Pairs Partner Name _____
 Collegiate Event _____ (evaluative) (#) _____ Events @ \$30 = \$ _____

Total for Freestyle and Collegiate ➡ \$

COMP. CRITIQUES & SHORT PROGRAM (\$20) (can only enter once)

Saturday- 7-8am Practice -Critiques start at 8am

Comp Level A AA AAA Elite Short Program JR SR (#) _____ Events @ \$20 = \$ _____

Total for Comp Critiques / Short Program ➡ \$

Confirmation will be emailed. Please allow 14-18 days. If you do not receive confirmation within the allotted time, please email Deborah Doherty at ddoherty824@gmail.com. Please read "**Important Information Page for the NYS Championships.**" This page will give you deadline dates and instructions.

Deborah Doherty Contest Director 85 Birch St., Floral Park, NY 11001	Total for Individual Events \$
	Package Fee *REQUIRED (SEE State Info page) \$
	Additional Programs (\$7.00 each)

516-316-9347, ddoherty824@gmail.com

**Bank check or Money Order payable to
NYTC**

**T-Shirt (\$25 each) : __CS __CM __CL __AS
__AM __AL __AXL __AXXL \$**

Total Enclosed \$

INCLUDE SIGNED WAIVER WITH ENTRY: INCLUDE SIGNED WAIVER WITH ENTRY: I agree to assume the risk of any injury that may happen to me (or my child) because of participation in a USTA sanctioned event. I further agree to indemnify and hold the United States Twirling Association, NYTC, (add Contest Location), and their agents, or employees harmless from any loss sustained as a result of injury to me (or my child) as a result of participation in USTA events. I have read the "Parents/Legal Guardians Responsibilities" in Section 1 of the current edition of the USTA Information, Procedures and Rules manual. As a condition for USTA's acceptance of my (or my child's) entry in a USTA event, I agree to abide by and perform each of the duties set forth in that Section. By participating in a USTA event, I give USTA permission to use photos and video of myself (or my children) taken in conjunction with a USTA event.

Parent/Guardian Signature: _____ Date: _____

NYS & FOF Championships Group Entry
Deadline: RECEIVED BY April 10, 2025 - See Instruction Page

Organization _____ Director _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Coach(es) _____ Email _____

Attach a list of members, ages, birth dates, USTA Member ID#, average ages, and musical selection(s) for each team/corps.
 Please do not staple checks to entries. Please highlight each event/division entering. Thank you.

<u>NYS Small Teams</u>	<u>Please Circle</u>		\$58.00 per event		
AAA Small Twirl Team	Junior	Senior			
Elite Small Twirl Team	Junior	Senior			
AAA Small Dance Twirl Team		Juvenile	Junior	Senior	
Elite Small Dance Twirl Team			Junior	Senior	
			Number of Team Events:	_____ x \$58.00	_____

<u>NYS Large Teams</u>	<u>Please Circle</u>		\$58.00 per event		
AAA Large Twirl Team	Junior	Senior			
Elite Large Twirl Team	Junior	Senior			
AAA Large Dance Twirl Team		Juvenile	Junior	Senior	
Elite Large Dance Twirl Team			Junior	Senior	
			Number of Team Events:	_____ x \$58.00	_____

<u>NYS Trio Event</u>	<u>Please Circle</u>		\$58.00 per event		
	Primary	Juvenile	Junior	Senior	
			Number of Trio Events:	_____ x \$58.00	_____

<u>FOF Small Twirl Teams</u>	<u>Please Circle</u>		\$48.00 per event		
Novice Small Twirl Team	Primary	Juvenile	Junior	Senior	
A Small Twirl Team	Primary	Juvenile	Junior	Senior	
AA Small Twirl Team		Juvenile	Junior	Senior	
			Number of Team Events:	_____ x \$48.00	_____

<u>FOF Large Twirl Teams</u>	<u>Please Circle</u>		\$48.00 per event		
Novice Large Twirl Team	Primary	Juvenile	Junior	Senior	
A Large Twirl Team	Primary	Juvenile	Junior	Senior	
AA Large Twirl Team		Juvenile	Junior	Senior	
			Number of Team Events:	_____ x \$48.00	_____

<u>FOF Trio Event</u>	<u>Please Circle</u>		\$48.00 per event		
	Novice	Beginner	Intermediate		
	Primary	Juvenile	Junior	Senior	
			Number of Trio Events:	_____ x \$48.00	_____

<u>FOF Small Dance Twirl Teams</u>	<u>Please Circle</u>		\$48.00 per event		
Novice Small Dance Twirl Team	Tiny Tot	Primary Juvenile	Junior	Senior	
A Small Dance Twirl Team	Tiny Tot	Primary Juvenile	Junior	Senior	
AA Small Dance Twirl Team	Tiny Tot	Primary Juvenile	Junior	Senior	
	*Non-Sanctioned		Number of Team Events:	_____ x \$48.00	_____

<u>FOF Large Dance Twirl Teams</u>	<u>Please Circle</u>		\$48.00 per event		
Novice Large Dance Twirl Team	Tiny Tot	Primary Juvenile	Junior	Senior	
A Large Dance Twirl Team	Tiny Tot	Primary Juvenile	Junior	Senior	
AA Large Dance Twirl Team	Tiny Tot	Primary Juvenile	Junior	Senior	
	*Non-Sanctioned		Number of Team Events:	_____ x \$48.00	_____

New York State Championships Group Entry
Deadline: RECEIVED BY April 10, 2025 - See Instruction Page

Organization _____ Director _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Coach(es) _____ Email _____

Attach a list of members, ages, birth dates, USTA Member ID#s, average ages, and musical selection(s) for each team/corps.
 Please do not staple checks to entries. Please highlight each event/division entering. Thank you.

Artistic Groups			\$65.00 per event		
One Division					
			Number of Team Events:	_____ x \$65.00 =	_____

Parade Corps	Please Circle		\$65.00 per event		
One Division					
			Number of Team Events:	_____ x \$65.00 =	_____

Entertainment Corps	Please Circle		\$70.00 per event		
One Division	Prim/Juv		Jr/Sr		
			Number of Team Events:	_____ x \$70.00 =	_____

Show Team	Please Circle		\$70.00 per event		
One Division	Primary	Juvenile	Junior	Senior	
Large					
Small					
			Number of Team Events:	_____ x 70.00 =	_____

Pre-Trial Team Critiques	Please Circle		\$30.00 per event		
AA	Junior	Senior			
AAA	Junior	Senior			
			Number of Team Events:	_____ x \$30.00 =	_____

GROUP TOTALS

Group Total	
T-shirt Order (\$25 each): ___ CS ___ CM ___ CL ___ AS ___ AM ___ AL ___ AXL AXXL (# of t-shirts = ___ x ___ \$25)	\$ _____
EXTRA PROGRAMS (# of Programs = _____ x \$7)	
ORGANIZATIONAL FEE	\$40.00
TOTAL AMOUNT PAID FOR GROUPS	\$ _____
<i>Please do not staple checks to entry</i>	

Confirmation will be emailed.
 Please allow 14-18 days. If you do not receive confirmation within the allotted time, please email Deborah Doherty at ddohertry824@gmail.com.
 Please read **"Important Information Page for the NYS Championships."**
 This page will give you deadline dates and instructions.

Deborah Doherty
 Contest Director
 85 Birch St., Floral Park, NY 11001
 516-316-9347, ddohertry824@gmail.com