

*OBTA Presents*

# Easter Twirl

**SUNDAY, April 11, 2010**  
**DOORS OPEN AT 8:00 A.M.**  
*Competition starts at 9:00am*

**T.L. Kennedy Secondary School**  
**3100 Hurontario Street**  
**Mississauga, Ontario**

**Featuring: Easter Twirl "Winner of the Day"**  
**&**  
**Toonie Toss**

**Sanctioned by the Canadian Baton Twirling Federation**  
**CBTF #**

**Competition Director**  
**Kim Genton**  
**Assisted by**  
**Alliance Team Members & Parents**  
**and the**  
**OBTA Board of Directors**

**ENTRY DEADLINE: MARCH 10<sup>TH</sup>, 2010.**



# General Information

1. Make cheques or money orders payable to **Ontario Baton Twirling Association Inc.**  
Post-dated cheques are accepted but must be dated no later than date of competition entry deadline. NSF Cheques will be subject to a \$25.00 service charge. NSF cheque amount, and service charge must be paid by cash or certified cheque no later than 1 week prior to the event.

## Mail entries to: 2010 Easter Twirl Competition

2151 Heathcliff Court

Oakville, Ontario

Canada L6M 0A5

[kim.genton@cottagecountry.net](mailto:kim.genton@cottagecountry.net)

If you wish **confirmation that your entry** has been received, please include a stamped self-addressed envelope and a photocopy of your entry form. **Refunds** will be given only if athlete is unable to compete and a medical certificate must be provided.

2. CBTF Rules and Regulations, effective January 1, 2010 will be in effect and strictly enforced.
3. Judges decisions are final. Tabulated results are final 48 hours at the completion of the competition.
4. All athletes must be a registered member in good standing of CBTF/OBTA for the 2010 competition season. CBTF membership number **must** be indicated on the entry form.
5. In order for an athlete/group to compete in a CBTF sanctioned competition, all athletes must be coached by currently registered CBTF certified (minimum) Level 2 Coach (Competitive).
6. Athlete/Group must declare any medical support/brace necessary for injury prevention as deemed necessary by a physician to the competition director prior to the actual day of the competition. Copy of medical certificate must accompany entry or must be presented to the Competition prior at the start of the competition.
7. Order of events are: Parade Corps, Theme Production, CBTF Group, Pre-Group, Pom Pom Teams, Dance Twirl Teams, CBTF Teams, Basic March, Forward Motion, Pre-Medley, Pre-Solo Dance, Pre-Solo, Pre-2-Baton, Duet, Solo, 2-Baton, 3-Baton, Medley, Solo Dance. Compulsories and Short Program. Winner of the Day - points will be assessed to best 3 placements of the following: Solo, 2Baton, Medley and Solo Dance to select the Easter Twirl Winner of the Day in every division.  
**The Competition Director reserves the right to make last minute changes.**
8. **All awards for both groups and individual events will be from 1<sup>st</sup> to 3<sup>rd</sup>** and may not be traditional. They **may** have a theme of some kind given this is our Easter Competition. All results will be posted, except the Winner of the Day will be announced.  
Winner of the Day awards will be presented at the end of the Competition.
9. Special Needs lane will be made available on request
10. Athletes Gym Fee – All participating athletes will be required to pay a gym fee with entry. Each athlete will receive unlimited free admission for family & friends and a set system which will be emailed out to coaches before the competition
11. Waiver - the CBTF Official Waiver must be signed for every athlete competing at Easter Twirl. This includes Group Only athletes and Pre-Group athletes.
12. Groups wishing critique tapes must provide with entry, **2** tapes per corps and per team. Tapes must be properly labelled by Club Name, Group Name, Division, Level, Size.
13. Medical assistance will be provided. A warm up area will be provided if possible.

**Please Note:**

**The CBTF Official Waiver must be completed for every athlete participating in the Competition. We realize this is an inconvenience, however, we must adhere to the rules of CBTF in order to maintain our insurance coverage.**

**CANADIAN BATON TWIRLING FEDERATION  
OFFICIAL WAIVER**

“I am aware and understand that there are a number of inherent risks involved in my participation in this sporting activity which are beyond the control of the, *Canadian Baton Twirling Federation, the Ontario Baton Twirling Association Inc., Kim Genton’s Team Members & Parents, the Competition Director, Kim Genton, the T. L. Kennedy Secondary School, and the Peel School Board.* I further agree that I am assuming personal responsibility for any costs as well as any loss, damage, injury or ambulance service resulting from or in connection with such participation at the *Easter Twirl Competition. April 11, 2010.*” I have read and understand the Waiver.

\_\_\_\_\_  
**Parent/Guardian’s Name (Please Print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature Parent/Guardian** (if participant is under 18 years)

\_\_\_\_\_  
**Athlete’s Name (Please Print)**

\_\_\_\_\_  
**Club Affiliation**

# INDIVIDUAL EVENTS ENTRY FORM EASTER TWIRL 2010

Name of Athlete \_\_\_\_\_ CBTF # \_\_\_\_\_

Phone [    ] \_\_\_\_\_ Age (Dec.31, 2009) \_\_\_\_\_

Coach(s) Name \_\_\_\_\_

Choreographer(s) \_\_\_\_\_

Coach(s) CBTF # and email where you wish set system to be sent

\_\_\_\_\_

Choreographer(s) CBTF # \_\_\_\_\_













Duet Partner \_\_\_\_\_

Duet Partner's CBTF # \_\_\_\_\_

Duet - Combined Ages (Dec.31, 2009) \_\_\_\_\_

I AM PAYING THE GYM FEE AS AN INDIVIDUAL ATHLETE WHICH MEANS I AM NOT PARTICIPATING IN A GROUP. Please circle one: **YES or NO.**

**Please [Check] Event & [Circle] the Level and Fee \$: (do not highlight OR use red pen)**

	Basic March.....					\$5.00
	Forward Motion.....					\$5.00
	Pre-Medley.....					\$5.00
	Pre-Solo Dance.....					\$5.00
	Pre-Solo .....					\$5.00
	Pre-2-Baton.....					\$5.00
	Medley	C	BN	BI	A	\$8.00
	Solodance	C	BN	BI	A	\$8.00
	Solo	C	BN	BI	A	\$8.00
	2 - Baton	C	BN	BI	A	\$8.00
	3 - Baton	C	BN	BI	A	\$8.00
	Duet	C	BN	BI	A	\$4.00/Each
	Compulsories	C	B		A junior	\$8.00
	Short Program				A senior	\$8.00

**Gym Fee \$6.00 per athlete (pay only once) \$ \_\_\_\_\_ I AM PAYING THIS AS AN INDIVIDUAL ATHLETE.**

**Total Payment enclosed with this entry \$ \_\_\_\_\_ + GYM FEE \_\_\_\_\_ = \$ \_\_\_\_\_**

**Mail entries to:  
2010 Easter Twirl  
c/o Kim Genton**

**2151 Heathcliff Court, Oakville, Ontario L6M 0A5**

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**ENTRY DEADLINE March 10th. 2010**

# GROUP EVENTS ENTRY FORM - 2010 EASTER TWIRL

Name of Club \_\_\_\_\_

Name of Team entering \_\_\_\_\_  
Note: Remember to do one of these sheets for each of your groups entered

Club Director's Name and E mail where you wish set system to be sent

\_\_\_\_\_

Phone \_\_\_\_\_

Coach(s) Name \_\_\_\_\_

Choreographer(s) Name \_\_\_\_\_

Coach(s) CBTF # \_\_\_\_\_

Choreographer(s) CBTF # \_\_\_\_\_

## Team/Group Events:

Parade Corps  
Theme Production  
CBTF Group  
Pre-Group  
CBTF Team  
Dance Twirl Team  
Pom Pom Team

**\*Please copy and complete separate entry form for each event\***

Event \_\_\_\_\_ # of Athletes \_\_\_\_\_ Level \_\_\_\_\_

Total number of athletes (Groups & Teams) \_\_\_\_\_ @ \$6.00 each = \$ \_\_\_\_\_

Pre-Group \$10.00 \$ \_\_\_\_\_

Gym Fee: \$5.00 per athlete (pay only once-individual or group) \$ \_\_\_\_\_ (group athlete)

Total Payment enclosed with this entry \$ \_\_\_\_\_ + gym fee \$ \_\_\_\_\_ = \$ \_\_\_\_\_

*Note: Each group must submit a copy of the Declaration or a list of each athlete, athlete membership number and age. All props are to be listed on a separate paper and included with entry form.*

Feel free to call Kim at 905 465 9158 or email kim.genton@cottagecountry.net with any problems or concerns.

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**c/o Kim Genton**

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**ENTRY DEADLINE March 10th. 2010**

**SEE YOU ALL THERE!!!!**