

**TWIRLING UNLIMITED
JUDGE'S SEMINAR REGISTRATION FORM**

DATE: _____ SEMINAR LOCATION: _____

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ email _____

Please tell us about your competition twirling background:

Team/Corps Twirler: Yes No Group Name: _____

Solo Twirler: Yes No Highest Level Achieved _____

Organizations you competed in (circle any that apply): TU NBTA USTA WTA DMA Other _____

Who was your coach or your twirling mentor? _____

I am already a certified judge

_____no _____yes – for what organization? _____

I am interested in judging TU competitions:

_____no - I am taking this seminar for information only

_____yes – please contact me when I am certified

Seminar Fee: (includes seminar materials; lunch on your own)
\$45 Prepaid (mailed by Oct 6)
\$55 after Oct 10 or at the door

Send To: Twirling Unlimited
700 Ghent Rd. Ste 200
Akron, OH 44333

Office Use Only:

AMOUNT PAID: _____ Check Number _____ Cash _____