



Canadian Baton Twirling Federation
 La Fédération Canadienne de Baton Sportif

CBTF GROUP EVENT DECLARATION

1. Forward signed original declaration to the Provincial Group Rep for input
2. Provincial Group Rep sends to Data Input Co-ordinator for input
3. Data Input Co-ordinator will forward the computer print out to the PGR
4. PGR will forward the computer print out to the appropriate Club/Coach.

Group Name:		Province:	
Club Name:		Email:	
Coach:	Level	Membership #	
Coach:	Level	Membership #	
Choreographer: *		Membership # (if member)	
Contact Person:		Position:	

- Indicate if the Choreographer is also an M3 CBTF certified Judge

I declare this group to be: (Please check)

EVENT:	<input type="checkbox"/> DanceTwirl Team	<input type="checkbox"/> Small (3-6 members)	<input type="checkbox"/> Large (7 or more members)
	<input type="checkbox"/> CBTF Team	<input type="checkbox"/> Small (6-8 members)	<input type="checkbox"/> Large (9 or more members)
	<input type="checkbox"/> Parade Corps		
	<input type="checkbox"/> Theme Production		

LEVEL:	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A
---------------	----------------------------	----------------------------	----------------------------

DIVISION:	<input type="checkbox"/> Juvenile (7.0 – 11.999)	<input type="checkbox"/> Junior (12.0 – 14.999)	<input type="checkbox"/> Senior (15.0 & over)
------------------	--	---	---

NOTE: ATHLETE MEMBERSHIP TYPE MUST BE TYPE 'A' or 'G'
Pre-Groups or Pom Pom Teams are not required to complete a declaration form

#	Membership Number	Name of Participant Indicate: Guard (G)	AGE As at Dec 31 2009	Canadian Citizenship or Permanent Resident
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No
6				<input type="checkbox"/> Yes <input type="checkbox"/> No
7				<input type="checkbox"/> Yes <input type="checkbox"/> No
8				<input type="checkbox"/> Yes <input type="checkbox"/> No
9				<input type="checkbox"/> Yes <input type="checkbox"/> No
10				<input type="checkbox"/> Yes <input type="checkbox"/> No

Average Age Calculation: Total the Ages [], divide by (# of athletes) = [] average age

To the best of my knowledge the information on this form is correct.

Date _____ Club Director/Coach - Signature _____ or as per attached email []

For Administration Use Only: Provincial Group Rep National Group Rep

Original - Data Entry Copy - National Group Rep. Copy - Provincial Group Rep Copy - Club