



INDIVIDUAL Registration Form (One form per participant please!)

Presented by

Wonderful
PISTACHIOS

Stacker's Name _____ Phone (____) _____ Please Print

Date of Birth (Month/Day/Year) ____/____/____ Age on 2/27/10 _____

Age Division *(circle one)* 4u, 5, 6, 7, 8, 9, 10, 11, 12, 13-14, 15-18, Collegiate (19-24), Masters (25-34), (35-44), (45-59), Seniors (60 & above)

Home Address _____

City _____ State _____ Zip Code _____

School/Organization _____ Sport Stacking Instructor _____

Parent/Guardian _____ Phone (____) _____

Cell Phone (____) _____ Email Address (required) _____

I'm on a Relay Team I'm not on a team. Put me on one and call me. I do not want to be on a Relay Team

Relay Team Name _____

Relay Team Division (circle one) 6u, 7u, 8u, 9u, 10u, 11u, 12u, 14u, 18u, Open (19 & above) *Note: u = under*

Coach _____ Phone(____) _____ Email _____

EARLY REGISTRATION FEE (Due to your instructor by February 16, 2010)

\$15 Registration Fee—Applies to all competitors

\$20 Late Registration Fee—If received after February 16, 2010

\$ _____ TOTAL amount included

Please make checks payable to Peoria Area Convention and Visitors Bureau (PACVB)

PARENT AGREEMENT: I understand that my child will need to be supervised during the competition. Either my child's Coach or myself will assume this responsibility. By signing this registration; 1) I am granting the World Sport Stacking Association, Speed Stacks, Inc., and their affiliates permission to film and record my child's likeness, appearance, image, name and/or voice in any media. Such film and/or recordings may be sold or used for promotional, broadcast, or other purposes, worldwide, in perpetuity, 2) I verify that the stacker's date of birth is accurate, 3) I verify that the stacker resides in the State/Province/Country stated above. The consideration I am to receive for my granting such rights is the right for my child to participate in the 2010 WSSA Illinois State Sport Stacking Championships."



SIGNED _____ DATE _____

Please give this Individual Registration form and fee, along with any Doubles Registration forms to your coach, who will collect all your team members' Individual and Doubles forms to your Sport Stacking Instructor by **February 16, 2010**.

Mail to: PACVB, Attn: Chevie Ruder, 456 Fulton Street, Suite 300, Peoria, IL 61602

2010 WSSA Illinois State Sport Stacking Championships Questions? Call—Chevie Ruder at (309) 282-3285 or email her at cruder@peoria.org. Information may also be acquired by visiting the www.worldsportstackingassociation.org website.

Event Information

Date: February 27, 2010 8:30am—5:00pm

Location: Peoria Civic Center, 201 SW Jefferson Avenue, Peoria, IL 61602

Office
Use Only

Date entered: _____ Entered by: _____ Paid by: Check # _____ Cash \$ _____ Team: Y / N