



# 2010 WSSA Mid-Atlantic Sport Stacking Championships

## Presented by Wonderful Pistachios

### INDIVIDUAL Registration Form



www.midatlanticstacking.com

(One form per participant please!)

Note: Special Stackers, please use the attached "Special Stackers Individual Registration Form".  
(Give this to your Coach to turn in along with each team member's Individual & Doubles Registration Forms and fees, and all Volunteer Registration forms.)

Stacker's Name _____	Home PH# (____) _____	<b>Please Print</b>
Date of Birth (Month/Day/Year) ____/____/____	Age on 1/24/10 _____	
Age Division (circle one) 4 & under, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, Collegiate (19-24), Masters (25-34), (35-44), (45-59), Seniors (60 & above)		
Home Address _____		
City _____	ST/PV/Country _____	
Zip/Postal Code _____		
School/Organization _____	Sport Stacking Instructor _____	
Parent/Guardian _____	WK PH#(____) _____	
Hm/Cell PH#(____) _____	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 \_\_\_\_\_ Coach PH#(\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

### REGISTRATION FEE (Due to your Sport Stacking Instructor before Friday, Jan 15<sup>th</sup>)

\$25 Applies to all competitors

\$15 Each Pre-ordered T-shirt (on or before January 15<sup>th</sup>)

List the quantity in front of the selected size(s): (These are Gildan 100% Cotton preshrunk t-shirts that run large.)

*Youth-* \_\_\_\_M, \_\_\_\_L; *Adult-* \_\_\_\_S, \_\_\_\_M, \_\_\_\_L, \_\_\_\_XL, \_\_\_\_XXL (\$17 for XXL)

\$10 Additional late registration fee (if received by tournament director after January 15<sup>th</sup>)

\$\_\_\_\_\_TOTAL amount included

(Please make checks payable to North Laurel Elementary School)

**PARENT AGREEMENT:** "I understand that my child will need to be supervised during the competition. Either my child's Relay Team Coach or myself will assume this responsibility. By signing this registration, 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.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Please give this Individual Registration form and fee, along with any others to your Relay Team Coach, who will collect all your team members' Individual, & Doubles forms, fill out the Relay Team Registration form and turn them all in to your Sport Stacking Instructor before Friday, January 15<sup>th</sup>.

Mail to: North Laurel Elementary School, Attn Garrett Lydic, 300 Wilson Street, Laurel, DE 19956

Questions? Call your P.E. Teacher or email Garrett Lydic at [garrett\\_lydic@yahoo.com](mailto:garrett_lydic@yahoo.com) 302-875-6130

Information may also be acquired by visiting the [www.midatlanticstacking.com](http://www.midatlanticstacking.com) website.

For Office Use	Date entered: _____	Entered by: _____
Check # _____	Cash _____	Team _____

