



WSSA 2015 8TH ANNUAL CONNECTICUT STATE SPORTSTACKING CHAMPIONSHIPS

SATURDAY, NOVEMBER 7th, 2015 (8AM-3PM)

ST. MICHAELS CENTER-24 SCHOOL HILL RD.

BALTIC, CT 06330

(DOORS OPEN-6:00 AM)

INDIVIDUAL EVENTS: 3-3-3 ● 3-6-3 ● CYCLE

Stacker's Name _____	Home PH# () _____	PLEASE PRINT
Date of Birth (Month/Day/Year) ____/____/____	Age on 11/7/15 _____	
Age Division (<u>circle one</u>) 6 & under, 7- 8, 9- 10, 11- 12, 13-14, 15-18, Collegiate (19-24), Masters (25 & up)		
Home Address _____	City/Town _____	St. _____ Zip Code _____
School/Organization _____	Parent/Guardian _____	
WORK PH# () _____	CELL PH# () _____	
EMAIL ADDRESS _____		

☐ I'm on a relay team. ☐ I'm not on a relay team-will try to join one at the Championship. ***TIMED 3-6-3 RELAYS**

Relay Team Name _____ **Relay Team Coordinator** _____

1)NAME _____	AGE _____	STATE _____	
2)NAME _____	AGE _____	STATE _____	
3)NAME _____	AGE _____	STATE _____	
4)NAME _____	AGE _____	STATE _____	
5)NAME _____	AGE _____	STATE _____	(optional)

*all relay teams must have at least 4 members-5th member is optional.

****YOU MUST REGISTER
YOUR NEW TEAM
BEFORE COMPETITION
BEGINS AT 8:00AM**

☐ I'm on a doubles team ☐ I'm not on a doubles team-will try to join one at the championship. ***CYCLE STACK**

DOUBLES TEAM MEMBERS: 1) _____ **AGE** _____ **2)** _____ **AGE** _____

PARENT/CHILD DOUBLES: 1) _____ **AGE** _____ **2)** _____ **AGE** _____

****MUST REGISTER NEW TEAMS BEFORE COMPETITION BEGINS AT 8:00AM**

REGISTRATION FEE (Due by Tuesday, Oct. 24, 2015)

☐ \$30 All outside competitors ☐ \$12 Students from St. Joes, Sacred Heart, and St. James

☐ \$20 Each Pre-ordered T-shirt (on or before October 24th)

List the quantity in front of the selected size(s):

Youth- ____S, ____M, ____L, **Adult-** ____S, ____M, ____L, ____XL, ____2XL

☐ \$12 Additional late registration fee (after OCTOBER 24th) ☐ \$42-Day of Competition

☐ \$24 St.Joes/Sacred Heart/St.James students

\$_____ **TOTAL amount included.**

(Please make checks payable to **ST. JOSEPH SCHOOL**)

PARENT AGREEMENT: "I understand that my child will need to be supervised during the competition. Either my child's Relay Team Coordinator or I 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. I also verify that the stacker's birth date is accurate. I understand and agree that all registration fees are non-refundable."

SIGNED _____ **DATE** _____

Questions? Call Glenn Costello (860)886-2828 or email rungdc@aol.com

Information may also be acquired by visiting the www.thewssa.com website.

Mail to: CT Sport Stacking Championships, Glenn Costello-Director, 75 Lafayette St., Norwich, CT 06360



