

**Do You Have What It Takes To Be A LEGEND?
Come to Chicago and find out!**



BTNI Proudly Presents
The 1st Annual
LEGENDS' CUP CHAMPIONSHIPS

Karen Cammer & David E. Mindlin; Directors

Liaisons for each group event: Guards, Percussion, Baton & Dance

Baton (Freestyle/1 Baton●Teams●Corps)

Guard/Dance/Percussion

Memorial Day Weekend

May 28-31, 2010*

**The Finals will be held Monday morning if the size of contest warrants*

DEADLINE FOR ALL FORMS: APRIL 1, 2010

The famous Navy Pier in Chicago, Illinois
Title of "Legend" Awarded To The Two Finals Show Winners

Best of Show in Group Categories

(1st Place Team/Corps/Dance/Guard/Percussion compete for one cup)

Best of Show Individual

(1st -3rd in Freestyle and One Baton compete for one cup)

Keep checking www.batontwirlingnetwork.com for additional information as it becomes available. You can also contact BTNI.

Call 201-758-8280 or 516-616-3790/email BTNI1@aol.com

LEGENDS' CUP CHAMPIONSHIPS SCHEDULE OF EVENTS (Tentative)

Friday, 5/28/2010

TIME	ITEM	LOCATION
Noon-5PM	Registration/Check In	Navy Pier
7PM-8:30 PM	Welcome Reception All Participants & Staff	TBA

Saturday, 5/29/2010

7AM - 6PM	Registration/Check In	Navy Pier
7AM	Doors Open	Navy Pier
8AM	Jubilee Competition(Possibly Fri afternoon also)	Navy Pier
10AM	Baton Team Competition	Navy Pier
11AM	Baton Parade Corps Competition	Navy Pier
1PM	Dance Competition	Navy Pier
3PM	Guard Competition	Navy Pier
6PM	Percussion Competition	Navy Pier

Sunday, 5/30/2010

****If attendance is high we may move the finals to Monday morning****

7AM - 6PM	Registration/Check In	Navy Pier
7AM	Doors Open	Navy Pier
8AM	Baton Individual (1 Baton)Competition	Navy Pier
10AM	Baton Show Corps Competition	Navy Pier
1PM	Baton Freestyle Competition	Navy Pier
3PM	Baton Individual Legends' Cup Championship Finals	Navy Pier
2PM	Groups Legends' Cup Championship Finals	Navy Pier

Monday, 5/31/2010

8AM	*Note Below	Navy Pier
	Enjoy The Wonderful Attractions on the Pier!	
	Thanks for coming.	
	Have a safe trip home!!	

***The Finals would move to Monday morning if the size of the contest warrants.**

FIRST ANNUAL
LEGENDS' CUP CHAMPIONSHIPS
May 28-31*, 2010 Navy Pier - Chicago, Illinois

BTNI is thrilled that you have decided to bring your units here to Chicago and compete for the very first Legends' Cup Championships. Attached are all the forms you need to enter and make your housing reservations. Please complete the forms and mail to the BTNI Office. (14 Bond Street, STE 395, Great Neck, NY 11021) We look forward to an exciting competition and fun filled weekend.

STEP ONE-Contact Information

Please provide all contact information. All confirmations and schedules will be addressed to the person listed on the contact sheet. Schedules will be emailed (1) week prior to the event. Please make sure the email address and cell number for the contact person, are correct.

STEP TWO-Total Of Fees

The total cost of your group's entry will be calculated by the names on the roster. Please fill in the total fees due boxes accordingly. Competitors' bracelets will be given from the roster as well upon check in on site. Each group will be given (7) staff free admittance bracelets. Please fill in the "Event Admission" Form accurately for those counts.

STEP THREE-Payment Method

Payment information is required at the time of registration. Please mail in registration with appropriate payments. We accept Visa, MC, AmEx, Discover and Checks.(Note: returned checks will be assessed a \$40 fee) School Purchase Orders are acceptable for Scholastic entries.

STEP FOUR-Entry

Please list all teams in appropriate division by checking off the correct category. Rules will be loosely adhered to in order for all to attend comfortably. We will post specific issues as we continue getting closer to the event. We will hold a director's meeting prior to competition time to address and clarify any questions. Check the web site constantly for updates and FAQ's. You compete at the age you are on May 29, 2010.

STEP FIVE-Group Roster

Please provide group information for each group you enter. One form/roster per group. Roster must be completed.

STEP SIX-Door Registration

All Housing and Spectator bracelet Forms must be submitted in a timely manner to be guaranteed the event pre-purchased price. Spectator bracelets are \$50 All Days or \$30 One Day Admittance. On site \$75/\$55. Housing Reservations must be made by the deadline. Rooming Lists must also be submitted by the separate deadline for that form.

STEP SEVEN-Release & Waiver

Release and Waiver Form: Soloists send in their own; Group Director submit one for entire organization. All payments must be received at the time of registration. Please contact the BTNI office with any questions. Cancellations for any reason must be done in writing no later than 4 weeks prior to the start of the event. No cancellation will be accepted by phone. Refunds for cancellations received in the allowed time, will be sent out 4-6 weeks after the cancellation is received. A fee of \$500 will be considered Non Refundable and deducted before the refund is sent. BTNI reserves the right to change/adjust the schedule. Groups will be notified of any major schedule change in the event that happens.

PLEASE SEND REGISTRATION AND ALL FORMS / FEES TO:

BTNI-LEGENDS' CUP CHAMPIONSHIPS

14 BOND STREET, SUITE 395

GREAT NECK, NEW YORK 11021

For Information: Call BTNI Office: 201-758-8280 or 516-616-3790 0039

Email: Karen Cammer: BTNI1@aol.com or David Mindlin: BTNI2@aol.com

LEGENDS' CUP CHAMPIONSHIPS

2010 OFFICIAL CONTACT INFORMATION

****Use One Form Per Entry****

CHICAGO, ILLINOIS

May 28 - 31, 2010

STEP ONE

Competitor's Name: _____ DOB _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Office: _____

E mail: _____

Contact/Director's Name: _____

E mail: _____

Home Phone: _____ Office: _____

Cell: _____ Fax: _____

STEP TWO

Total Entry Fee: _____ \$

Total Event Admission Fee: _____ \$

Total Housing Fee: _____ \$

Deposit(If applicable): _____ \$

Balance Due: \$ _____

STEP THREE

Payment: Money Order Certified Bank Check Credit Card (MC, Visa, AmEx, Discover)

Name of Card Holder: _____

CC# _____ Expires _____

Signature of Cardholder: _____

This Contact Information Sheet MUST Accompany Your Entry & Roster

LEGENDS' CUP CHAMPIONSHIPS ENTRY FORM-GUARD/PERCUSSION/DANCERS

GUARD	AGE	# of Mbrs
<input type="checkbox"/> Scholastic A	14-18	_____
<input type="checkbox"/> Independent A	11-21	_____
<input type="checkbox"/> Scholastic Open	14-18	_____
<input type="checkbox"/> Independent Open	15-22	_____
<input type="checkbox"/> Scholastic World	14-18	_____
<input type="checkbox"/> Independent World	No Limit	_____
PERCUSSION	AGE	# of Mbrs
<input type="checkbox"/> Scholastic A	14-18	_____
<input type="checkbox"/> Independent A	11-21	_____
<input type="checkbox"/> Scholastic Open	14-18	_____
<input type="checkbox"/> Independent Open	15-22	_____
<input type="checkbox"/> Scholastic World	14-18	_____
<input type="checkbox"/> Independent World	No Limit	_____
DANCERS	AGE	# of Mbrs
<input type="checkbox"/> Scholastic A	14-18	_____
<input type="checkbox"/> Independent A	11-21	_____
<input type="checkbox"/> Scholastic Open	14-18	_____
<input type="checkbox"/> Independent Open	15-22	_____
<input type="checkbox"/> Scholastic World	14-18	_____
<input type="checkbox"/> Independent World	No Limit	_____

Competitor's Name: _____

ENTRY FEES:

GUARD/PERCUSSION/DANCERS # of members _____ X\$25 = \$ _____

Total \$

One Group Entry Per Form • Group Roster MUST accompany Entry Form

JUBILEE BATON TWIRLERS/MAJORETTES

JUBILEE TEAM		AVR AGE	# of Mbrs
<input type="checkbox"/>	Beginner	0-8	_____
<input type="checkbox"/>	Beginner	9-12	_____
<input type="checkbox"/>	Beginner	13+	_____
<input type="checkbox"/>	Intermediate	0-8	_____
<input type="checkbox"/>	Intermediate	9-12	_____
<input type="checkbox"/>	Intermediate	13+	_____
<input type="checkbox"/>	Advanced	0-8	_____
<input type="checkbox"/>	Advanced	9-12	_____
<input type="checkbox"/>	Advanced	13+	_____

JUBILEE FREESTYLE		AGE	Winner will do an exhibition at Legends' Cup Final Show
<input type="checkbox"/>	Jubile Freestyle	0-8	
<input type="checkbox"/>	Jubile Freestyle	9-12	
<input type="checkbox"/>	Jubile Freestyle	13+	

JUBILEE ONE BATON		AGE				
<input type="checkbox"/>	Primary	0-8	Novice	Beg	Int	Adv
<input type="checkbox"/>	Juvenile	9-11	Novice	Beg	Int	Adv
<input type="checkbox"/>	Junior	12-14	Novice	Beg	Int	Adv
<input type="checkbox"/>	Senior	15+	Novice	Beg	Int	Adv

JUBILEE TWO BATON		AGE				
<input type="checkbox"/>	Primary	0-8	Novice	Beg	Int	Adv
<input type="checkbox"/>	Juvenile	9-11	Novice	Beg	Int	Adv
<input type="checkbox"/>	Junior	12-14	Novice	Beg	Int	Adv
<input type="checkbox"/>	Senior	15+	Novice	Beg	Int	Adv

ENTRY FEES:	Jubilee Groups # Members _____	X	\$15	=	\$
	Jubilee One Baton \$25	_____	→		\$
	Jubilee Two Baton \$25	_____	→		\$
	Jubilee Freestyle \$25	_____	→		\$
Total					→ \$

Competitor's Name: _____

STEP FIVE

LEGENDS' CUP / JUBILEE

Group Roster for: _____

This roster must accompany your entry. You may make additional copies if needed.

	<i>Member's Name</i>	<i>DOB</i>	<i>Age</i>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
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14			
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16			
17			
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19			
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21			
22			
23			
24			
25			
26			
27			
28			
29			
30			

Mail entries along with correct entry fees in U.S. funds to:

Legends' Cup Championships 14 Bond Str., STE 395 Great Neck, NY 11021

Questions? Call 201-758-8280 or 516-616-3790

Email btnt1@aol.com or visit www.batontwirlingnetwork.com

LEGENDS' CUP CHAMPIONSHIPS - EVENT ADMISSION REGISTRATION

All Checks MUST BE made payable to BTNI

This form must be returned with a 50% deposit (Payable to BTNI) to the address below by **April 1, 2010.**

The person listed below is designated to receive all information concerning the weekend.

4/2-5/1 all payments must be by cashier/bank check, certified checks, money order or cash.

Name for Bracelet Pick Up at Registration:

**Competitor
TOTAL:**

Enter Total Number From Roster Accompanying Your Entry(s) at No Charge.

**Staff
TOTAL:**

Each Organization receives (7) Free Staff Admission Bracelets.

Please list the names of your (7) Free Staff Admission Bracelet Holders below.

_____	_____
_____	_____
_____	_____
_____	_____

**Spectators
TOTAL:**

An All Event Bracelet is \$50 Pre-Purchased or \$75 at the door.

An One Day Event Bracelet is \$30 Pre-Purchased or \$55 at the door.

_____	_____
_____	_____
_____	_____

Spectators traveling with your group should be encouraged to purchase their bracelet via this form.

Hotel Contact Information

Hotel Information is now on the web site.

Visit www.batontwirlingnetwork.com

Visit www.batontwirlingnetwork.com

Rooms will be a flat rate with 1-4 occupancy. Price INCLUDES Tax.

Mail All Forms and Fees to:

BTNI

LEGENDS CUP CHAMPIONSHIPS

14 Bond Street, Suite 395

Great Neck, NY 11021

LEGENDS' CUP CHAMPIONSHIPS - HOUSING REGISTRATION

ALL HOUSING WILL BE ASSIGNED ON A FIRST RECEIVED FIRST ASSIGNED BASIS

All Checks MUST BE made payable to BTNI

YOU WILL ASSUME FINANCIAL LIABILITY FOR ALL/DAMAGE DONE TO YOUR HOUSING UNITS

This form must be returned with a 50% deposit (Payable to BTNI) to the address below by **April 1, 2010**.

The person listed below is designated to receive all information concerning the weekend.

After 4/15/10 all payments must be by cashier/bank check, certified checks, money order or cash.

Organization _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

Hotel Rooms are TBD/night 1-4 occupancy. # of Rooms reserved _____ @ TBD = \$ _____

Minimum Deposit of 50% Due with this reservation - _____

Balance Due \$ _____

Room	Roomate #1	Roomate #2	Roomate #3	Roomate #4
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

Please mail this form to BTNI 14 Bond Street, STE 395 Great Neck, NY 11021

Release and Waiver Form

Please complete all of the sections of this Release and Waiver Form. This agreement must be filled out in full, in order to participate. This form must be signed by the participant of legal age or a parent/guardian.

By signing this Release Form, I acknowledge and understand that the Legends' Cup Championship is a vigorous athletic event that includes tossing equipment, falling, running, jumping, stunting, building pyramids, tumbling, dancing and like activities. Due to the nature of this type of activity, the possibility of injury and even death could occur. By signing this agreement, you agree that yourself or your child (from this point on to be known as "minor") is physically active and fit to participate in this activity and has no known medical conditions that may compromise the safety of yourself or the minor, other participants and facilitators of the event.

Last Name First Name

Organization/School Name

Event Location Event Date

Date of Birth _____ Current Grade _____

Home Phone

Cell#

Address City State Zip

In case of an emergency please notify.

Name Relationship Phone Number

Medical Insurance Provider Policy#

Provider Phone Number

Is the minor being treated for any type of medical condition? Yes or No (please circle) If (yes) please explain:

Is the minor allergic to any known medications or suffer from any allergies? Yes or No (please circle) If (yes) please explain:

Is the minor currently taking any type of known medications? Yes or No (please circle) If (yes) please list the medications:

Liability Release I _____, as a legal participant or parent or legal guardian of _____, (a Minor), here by grant the permission necessary to allow myself or Minor to participate in the above event to be conducted by BTNI I, in my own behalf and behalf of the minor, further agree to release and to hold harmless BTNI, the hosting site (gym, school, hotel, university, theme park, arena, convention center) on whose premises the event will occur (here in after the "Location") the affiliates of BTNI and the Location, and the respective doctors, officers, representatives, members, agents and employees of BTNI, and their representative affiliates (hereinafter collectively "Releases") from any and all liability whether caused by the negligence by the "releases" or otherwise for any claim judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the event, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and / or death) that myself or the Minor may incur or sustain during the event, all activities associated with the event and while traveling to and from the site for the event whether or not the event actually occurs. I further expressly agree to indemnify and hold harmless Releases and Releasees' heirs, successors, assigns, executors, and administrators against loss from any character resulting to myself or the Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss, or cost Releasees may have to pay as a result of any such action, claim, or demand.

I am signing this for myself being of legal age as an adult and/or for a minor. I, in my own behalf and on the behalf of the Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I further acknowledge that nothing in this Liability Release constitutes a guarantee that the event will occur. I have signed this document voluntarily and of my own free will.

Medical Release I acknowledge and agree that such participation subjects me or the Minor to the possibility of physical illness or injury (minimal, serious catastrophic and/or death) and that I, in my own behalf and on the behalf of the Minor, acknowledge that myself or the Minor is assuming the risk of such injury or illness by participating in the event. In the event of such injury or illness, I authorize BTNI or on site medical staff to obtain necessary medical treatment in my own behalf and on the behalf of the Minor. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on the behalf of myself or the Minor for any illnesses or injury that I, or the Minor may sustain during the event and while traveling to and from the site for the event whether or not the event actually occurs.

Appearance Agreement I understand that BTNI from time to time produces promotional material relating to its programs. I understand that as participant and/or spectator of the event that I may be included in videotapes or photographs taken during the event. Therefore, without reservation or limitations, in my own behalf and on behalf of the Minor, hereby assign, transfer and grant to BTNI, its successors, assignees, licenses, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape the Minor and utilize such videotapes and photographs and minor's name face likeness, voice and appearance as a part of the event, in advertising and promoting the event or in advertising and promoting similar future events. I further understand that neither BTNI nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

Age Verification I, in my own behalf and on behalf of the minor verify that the date of birth of the minor is accurate and truthful. By signing this, I agree to not allow the Minor to be placed in an age division that is not appropriate.

I hereby warrant that I have read this Participant Release and Waiver form in its entirety and fully understand its contents. I am aware that this Participant Release and Waiver form releases Releasees from Liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I further acknowledge that nothing in this Participant Release and Waiver form constitutes a guarantee that the event will occur and have signed this document voluntarily and of my own free will.

Signature: X _____ Date: _____

Witness Signature: X _____ Date: _____

Any questions please call us at 1-201-758-8280 OR 1-516-616-3790

Email us at BTNI1@aol.com or BTNI2@aol.com



2010 ADVERTISER AGREEMENT

Information	·Rates are for "Camera Ready" ad submissions
	·Projected circulation is 5,000+
	·Artwork can be created for you at an additional charge of \$250
	·Ads will appear in the Event Souvenir Program

Rates	Ad size on T shirts are not the same as in souvenir program but will be prominently displayed			
	_____ Full Page	\$300	7.5 X 10	\$
	_____ Half Page	\$200	7.5 X 5	\$
	_____ Quarter Page	\$150	3.75 X 2.5	\$
	_____ Eighth Page	\$100	Business card	\$
	_____ Artwork Needed	\$250		\$
Check off your ad size in the left column and fill in total amount due to the far right.				

Contact Info	Company		

	Contact		

	Address		

	City	State	Zip
	_____	_____	_____
Phone	Cell		
_____	_____		
Company Website			

Company Email			

Payment	<i>Circle Form of Payment:</i>	VISA	MC	AMEX	DISCOVER	Check# _____	
	<i>Credit Card Number</i>	<i>Expiration Date</i>		<i>Security Code</i>			
	<i>Name of Card Holder</i>						

	<i>Billing Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>			
	_____	_____	_____	_____			
I _____ authorize BTNI to charge the selected rate listed above. BTNI and the above advertiser are entering into an advertisers agreement that includes an event at the Navy Pier, May 28-31, 2010. Number of groups & schedules will be available 1 week prior to the event. I agree to the policies and procedures regarding payment.							
Signature Required						Date	
_____						_____	



2010 LEGENDS' CUP

VENDOR REQUEST FORM & AGREEMENT

Equipment	<ul style="list-style-type: none"> ·1 -8ft table for display purposes (Additional tables will be available at a rate of \$30 per table) ·Periodic announcements for your product or services throughout the competition. ·Exclusiveness of your product or service. We guarantee that no other vendor will be promoting your similar product or service. (Vendor must provide a typed detailed description of product or service).
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Booth Rates	Vendor booths are to be open for business May 29 & 30. Other dates optional.		
	Friday, May 28, 2010	\$100	1/2 Day
	Saturday, May 29, 2010	\$200	Full Day
	Sunday, May 30, 2010	\$200	Full Day
	Monday, May 31, 2010	\$100	1/2 Day
	Additional Tables	\$30 each	# _____ X \$30= _____
	Electricity will be based upon availability by venue and available for an additional cost as charged by the venue.		

Information	Company		
	Contact		
	Address		
	City	State	Zip
	Phone	Cell	
	Company Website		
	Company Email		

Exhibitors	1 _____	2 _____
	3 _____	4 _____

Payment	Circle Form of Payment: VISA MC AMEX DISCOVER Check# _____		
	<i>Credit Card Number</i>	<i>Expiration Date</i>	<i>Security Code</i>
	<i>Name of Card Holder</i>		
	<i>Billing Address</i>	<i>City</i>	<i>State</i> <i>Zip</i>
	I _____ authorize BTNI to		
	charge the selected rate listed above. BTNI and the above vendor are entering into a vendor agreement for the event at the Navy Pier, May 28-31, 2010. Vendor rates, number of groups and schedules will be available 1 week prior to the event. I agree to the policies and procedures regarding payment.		
	Signature Required	Date	

LEGENDS CUP TEE SHIRTS – Deadline Postmarked By 4/1/10

Name _____ Coach _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

List Quantities for Sizes:

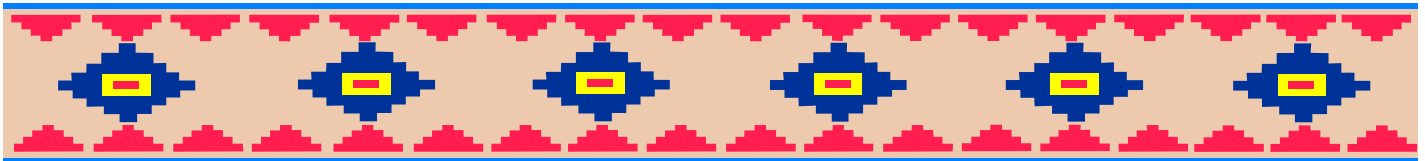
CM _____ CL _____ AS _____ AM _____ AL _____ AXL _____ AXXL _____

_____ T-Shirts x \$20 = \$ _____

- Make Checks Payable to BTNI

Mail to: Legends Cup T-Shirts
BTNI
14 Bond Str., Ste 395
Great Neck, NY 11021

Questions?
Call Karen Cammer
(201) 758-8280
BTNI1@aol.com



**Mail ALL Paperwork to
BTNI
14 Bond street, STE 395
Great Neck, NY 11021**

For information call 201-758-8280 OR 516-616-3790

Or email

Karen Cammer BTNI1@aol.com

Or

David Mindlin BTNI2@aol.com