

ACCOUNTANT

NEW YEAR'S DAY

PARADE

ACCOUNTANT

RETURNING OFFICER

DIVISION A

SIGNATURE

ELIGIBILITY

№ 006 900

INSPECTOR NAME:

Tweezer

GROUP NAME/NUMBER:

Solutions

DIVISION A - Major Groups in Competitive Class

Yes	No	Enter Count
-----	----	-------------

(i) Two hundred and one (201) or more participants

(ii) One (1) lead costume

(iii) Eight (8) or more off the Shoulder Dancers Step Down Dancers

(iv) Two (2) or more Step Down Dancers

(v) At least one section of twelve (12) or more choreographed dancers

(vi) Ten (10) or more free dancers

(vii) A brass section

(viii) A line section consisting of cowbells, drummers, horn blowers etc.

(ix) Banner

DATE

NEW YEAR'S DAY

PARADE

ACCOUNTANT

RETURNING OFFICER

DIVISION A

SIGNATURE

ELIGIBILITY

No 025

INSPECTOR NAME:

[Signature]

GROUP NAME/NUMBER:

Valley Bots

DIVISION A - Major Groups in Competitive Class

	Yes	No	Enter Count
1. How often do you have a headache?			
2. How often do you feel dizzy or lightheaded?			
3. How often do you experience blurred vision?			
4. How often do you experience ringing in your ears (tinnitus)?			
5. How often do you experience difficulty sleeping?			
6. How often do you experience fatigue or tiredness?			
7. How often do you experience irritability or mood swings?			
8. How often do you experience difficulty concentrating?			
9. How often do you experience memory problems?			
10. How often do you experience changes in appetite?			
11. How often do you experience weight gain or loss?			
12. How often do you experience dry mouth or throat?			
13. How often do you experience constipation or diarrhea?			
14. How often do you experience urinary frequency or urgency?			
15. How often do you experience back pain or muscle aches?			
16. How often do you experience joint pain or stiffness?			
17. How often do you experience numbness or tingling in your limbs?			
18. How often do you experience shortness of breath or difficulty breathing?			
19. How often do you experience chest pain or discomfort?			
20. How often do you experience palpitations or irregular heartbeats?			
21. How often do you experience excessive sweating?			
22. How often do you experience cold or hot flashes?			
23. How often do you experience changes in skin color or texture?			
24. How often do you experience hair loss or thinning?			
25. How often do you experience brittle nails or nail changes?			
26. How often do you experience changes in voice or hoarseness?			
27. How often do you experience changes in menstrual cycle or flow?			
28. How often do you experience vaginal dryness or irritation?			
29. How often do you experience sexual dysfunction or decreased libido?			
30. How often do you experience changes in taste or smell?			
31. How often do you experience changes in energy levels?			
32. How often do you experience changes in overall health or well-being?			

(ii) Two hundred and one (201) or more participants

(iii) One (1) lead costume

(iii) Eight (8) or more off the Shoulder Dancers Step Down Dancers

(iv) Two (2) or more Step Down Dancers

(v) -At least one section of twelve (12) or more choreographed dancers

(vi) Ten (10) or more free dancers

(vii) A brass section

(viii) A line section consisting of cowbellers, drummers, horn blowers etc.

(ix) Banner