USA GYMNASTICS COMPETITION ENTRY FORM

****PLEASE TYPE ALL COMPETITORS BY LEVEL FIRST …THEN BY AGE****

NAME OF MEET: _____ DATE: _____

TEAM NAME: _____ PHONE: _____

TEAM ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Coach(s) Name(s)	Coach USAG #	Safety Cert. Exp. Date

TEAM USAG NUMBER

COMPETITOR NAME	ATHLETE REGISTRATION #	LEVEL	AGE	DATE OF BIRTH	U.S. CITIZEN

Xcel:	Number of Gymnasts _____	x	$35.00	= Total:	$ _____	Xcel Team ____ =	$35.00
Level 7:	Number of Gymnasts _____	x	$80.00	= Total:	$ _____	Level 7 Team ____ =	$35.00
Level 8:	Number of Gymnasts _____	x	$80.00	= Total:	$ _____	Level 8 Team ____ =	$35.00
Level 9:	Number of Gymnasts _____	x	$80.00	= Total:	$ _____	Level 9 Team ____ =	$35.00
Level 10:	Number of Gymnasts _____	x	$80.00	= Total:	$ _____	Level 10 Team ____ =	$35.00

Check #: _____ TOTAL AMOUNT: $ _____

Coach(s) Name(s)	Coach USAG #	Safety Cert. Exp. Date

COMPETITOR NAME	ATHLETE REGISTRATION #	LEVEL	AGE	DATE OF BIRTH	U.S. CITIZEN