

2009 -2010 Official Texas USAG Entry Form

Meet Name _____		Competition Level: _____	
Date: _____	USAG Club # _____	Texas Club # _____	
Attending Clubs Name: _____		Phone # _____	
Street Address: _____		Fax #: _____	
City: _____	State: _____	Zip: _____	
Attending Coach: _____	USAG #: _____	Safety Exp.: _____	
Attending Coach: _____	USAG #: _____	Safety Exp.: _____	
Attending Coach: _____	USAG #: _____	Safety Exp.: _____	

USA Gymnastics Athlete and Coaches Roster MUST accompany Entry Form
Separate sheet per level requested - List by D.O.B

	Typed Name First / Last	Leo Size	Level	USAG #	Date of Birth <small>entries will be redistributed into equal age groups, therefore, age group not required) mm/dd/yyyy</small>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Meet Director's Use	
Date Rec'd:	
Check # :	
Amount:	
Short/Over:	

Gymnast X \$_____	Entry Fee =	\$
_____	Small Team Entries @ \$35 each =	\$
_____	Large Team Entries @ \$35 each =	\$
_____	Late Fee (\$25.00 per gymnast) =	\$
TOTAL Enclosed:		\$

I understand that this form **MUST** be in type written form and that I am responsible for the correctness of names, USAG numbers, levels DOB, age groups and other information required on this form.

Contact coaches Name: _____ Cell phone number – (required) _____

Typed Name: _____ Signature: _____

Contact E-mail Address: _____