

2008 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.: _____

Please list gymnasts in order by Level(separate sheet per level requested)

	Typed Name First / Last	Level	USAG #	Date of Birth <small>(All 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				
16				

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 (\$10.00 per gymnast) =	\$ _____
TOTAL Enclosed:		\$ _____

I acknowledge that I am familiar with the *USAG Rules & Policies* and with the Texas USAG directives for each level. I have read and understand all information pertaining to this meet. **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. I know that all coaches must have and display a current pro and safety certification in order to be on the competitive floor.**

Typed Name: _____ Signature: _____

Club / Contact E-mail Address: _____