

2011 Official Texas USAG Entry Form

Meet Name <u><i>North State Championships-Level 4</i></u> Competition Level: <u>Level 4</u>	
Date: <u>November 5-6, 2011</u>	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 \$85.00 Entry Fee =	\$ _____
Small team x \$35.00	\$ _____
Large Team x\$35.00	\$ _____
Late Fee \$25.00 =	\$ _____
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: _____