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

Level __: Number of Gymnasts _____ x $ = Total: $ _____ Level __ Team ____ = _____

Level __: Number of Gymnasts _____ x $ = Total: $ _____ Level __ Team ____ = _____

Level __: Number of Gymnasts _____ x $ = Total: $ _____ Level __ Team ____ = _____

Check #: _____ TOTAL: $ _____