



2017 COMPETITION REGISTRATION FORM

22nd ANNUAL
Valeri Liukin
Men's Gymnastics
Invitational
DECEMBER 8-10, 2017

Attending Club's Name: _____ USAG Club #: _____
 Street Address: _____ E-mail: _____ Phone #: _____
 City: _____ State: _____ Zip: _____ Fax#: _____

Attending Coach	USAG#	USAG Exp	Safety Exp	Bkgd Exp

** Please provide t-shirt size.*

	COMPETITOR	LEVEL	USAG#	BIRTH DATE	T-SHIRT SIZE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
	ELITE COMPETITOR	LEVEL	USAG#	BIRTH DATE	T-SHIRT SIZE
1					
2					
3					
4					

LEVEL 4-5 # OF GYMNASTS : _____ X \$95.00 = \$ _____
 LEVEL 6 - ELITE # OF GYMNASTS : _____ X \$110.00 = \$ _____
 # OF TEAMS : _____ X \$50.00 = \$ _____
 # OF ELITE TEAMS : _____ X \$200.00 = \$ _____

OF COACHES ATTENDING SATURDAY EVENING RECEPTION: _____ **TOTAL FEES DUE: \$** _____

MAKE CHECK PAYABLE TO: WOGA Gymnastics • 1937 W. Parker Rd. • Plano, TX 75023
 Office 972.985.9292 • Fax 972.964.8209 • wogaplano@aol.com