

## 2018 -2019 Official Texas USA Gymnastics Entry Form

Meet Name: District Championships Competition Level: 3/5 Date: October 13-14, 2018  
 Attending Clubs Name: \_\_\_\_\_ USAG Club # \_\_\_\_\_ Texas Club # \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Attending Coach	USAG #	USAG Exp	Safety Exp	Background Exp

### Separate sheet per Level requested - List by D.O.B Youngest to Oldest

	First Name (typed)	Last Name (typed)	Level	USAG #	DOB	Event Specialist (List Events)	State/Regional Leo Size (optional)
1							X
2							X
3							X
4							X
5							X
6							X
7							X
8							X
9							X
10							X
11							X
12							X
13							X
14							X
15							X

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

Gymnast X \$ <u>60</u> Entry Fee =	\$
Small Team Entries @ \$35 each =	\$
Medium Team Entries @ \$35 each =	
Large Team Entries @ \$35 each =	\$
Late fees @ \$25.00 per gymnast =	\$
<b>TOTAL ENCLOSED:</b>	<b>\$</b>

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 understand that I am required to pay the \$25 per athlete late fee prior to my athletes competing if Entry Form is received after the Entry Deadline. State Leotards are optional.

Contact Coaches Name(typed):		Cell Phone # (Required)	
Contact Coaches Email Address:		Signature:	

