Meet Name: Attending Clubs Name:	Competition Level: USAG Club #		Date: Texas Club #	
Street Address:		Phone #		
City:	State:	Zip:	Fax #:	
Attending Coach	USAG #	USAG Exp	Safety Exp	Background Exp

## Elite Hope First Name USAG # DOB Last Name Level

Meet Director's Use	
Date Rec'd:	\$
Check # :	
Amount:	\$
Short / Over:	\$
	TOTAL ENCLOSED: \$

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

## 2023 Official Texas USA Gymnastics Entry Form