Official Texas USA Gymnastics Entry Form

Meet Name: *2026 Level 3 N State* **Competition Level:** 3 **Date:** 11/14-11/15/2026

Attending Clubs Name: _____ **USAG Club #** _____ **Texas Club #** _____

Street Address: _____ **Phone #** _____

City: _____ **State:** _____ **Zip:** _____ **Fax #:** _____

Attending Coach	USAG #	USAG Exp	Safety Exp	Background Exp

All Sanctioned Meets must also enter the USAG Reservation System
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							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

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

Gymnast X $ 120 Entry Fee =	$
	$
	$
Late fees are 30% of Entry Total =	$
TOTAL ENCLOSED:	**$**

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