

Official Texas USAG Meet ~ Entry Form

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

Please list gymnasts in order by Level and D.O.B.

1	Typed Name		Level	USAG #	Date of Birth <small>(All entries will be redistributed into equal age groups, therefore, age group not required)</small>	US Citizen (circle)	
	First	Last				Y	N
2						Y	N
3						Y	N
4						Y	N
5						Y	N
6						Y	N
7						Y	N
8						Y	N
9						Y	N
10						Y	N
11						Y	N
12						Y	N
13						Y	N
14						Y	N
15						Y	N

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

_____ Gymnast X \$ _____	Entry Fee =	\$ _____
_____ Small Team Entries @ \$30 each =		\$ _____
_____ Large Team Entries @ \$30 each =		\$ _____
_____ Late Fee (\$10.00 per gymnast) =		\$ _____
TOTAL Enclosed:		\$ _____

I acknowledge that I am familiar with the *USAG Rules & Policies* and with the Texas USAG directives for each level. I have read and understand all information pertaining to this meet. **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 know that all coaches must have and display a current pro and safety certification in order to be on the competitive floor.**

Typed Name: _____ Signature: _____

Club / Contact E-mail Address: _____