

USAG Entry Form



Club Name: _____

Club Phone: (____) ____-____ Club Fax: (____) ____-____

Club Address: _____ City: _____ Zip: _____

Club Email: _____ USAG Club #: _____

	Coaches Attending	USAG Pro #	Safety Exp.
1			
2			
3			
4			

CIRCLE LEVEL 2 3 4 5 6 PO 7 8 9 10

****Use one form per level**

	Athlete's Name	USAG #	Birthdate	Citizen
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Total Number of Entries _____ x \$ _____ = \$ _____ + Team Fee: \$ _____
 = Total Due: \$ _____

****CHECK MUST BE INCLUDED WITH ENTRY****

Please make all checks payable to Golden City Gymnastics.

Check the meet information sheet for entry and team fee amounts.