

## 2012 -2013 Official Texas USAG Entry Form

Meet Name: _____	Competition Level: _____	Date: _____
Attending Clubs Name: _____	USAG Club # _____	Texas Club # _____
Street Address: _____	Phone # _____	
City: _____	State: _____	Zip: _____ Fax #: _____

Attending Coach	USAG #	USAG Exp	Safety Exp	Background Exp

**USA Gymnastics Athlete & Coaches Roster MUST accompany Entry Form ~ 1 Level per sheet please.**

	First Name (typed)	Last Name (typed)	Level	USAG #	DOB	Event Specialist (List Events)	State/Reg. 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	
Due	

Number of Gymnast	(Multiply)	Fee Amount	=	Total
	x		=	\$
	x		=	\$
	# of Small Team x \$35 ea		=	\$
	# of Large Team x \$35 ea		=	\$
<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:	