

REGION 1 USA GYMNASTICS REGIONAL MEET ENTRY FORM

Please Check One Level [Separate sheet for each level]

- LEVEL 7
 XC Bronze
 XC Silver
 XC Gold
 XC Platinum
 XC Open

TEAM NAME _____ USAG Club # _____

ADDRESS _____

PREFERRED CONTACT PERSON _____ PHONE _____

E-MAIL: _____

List ALL coaches attending Regional competition:

NAME	USAG# & EXP. DATE	SAFETY EXP.	BACKGROUND EXP.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMPETITOR NAME (Last Name, First Name)	USAG#	DOB MM/DD/YYYY	GRADUATING SENIOR
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1			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

TOTAL NUMBER OF ENTRIES : _____ X 100.00 PO & 7 CHECK FOR \$ _____ ENCLOSED.

MAKE CHECKS PAYABLE TO The Academy of Gymnastics.
GIVE TO STATE ADMINISTRATIVE CHAIRMAN AT STATE CHAMPIONSHIPS

SEPARATE SHEET FOR EACH LEVEL