



# TEAM REGISTRATION FORM

Registration Deadline: December 28, 2012

Competition Schedule Posted: January 4, 2013

Make checks payable to: National Gymnastics Festival

Mail form and fees to: Linda Barclay, Attn: NGF-2013

P.O. Box 29185, Indianapolis, IN 46229

Phone: (317) 891-8260 Fax: (317) 891-8226

Email: [info@nationalgymnasticsfestival.com](mailto:info@nationalgymnasticsfestival.com)

## TEAM AND CONTACT INFORMATION

Team Name:			Contact Name:		
Team Address:			Contact's Email Address:		
City:	State:	Zip:	Home Phone:		Work Phone:
Team Phone:		Team Fax:	Cell Phone:		USAG Club Number:

## CALCULATION OF REGISTRATION FEES DUE – Men & Women

COMPETITION LEVELS	NUMBER PER LEVEL	ENTRY FEE	ENTRY FEE DUE PER LEVEL	TEAM ENTRY	TEAM FEE	TOTAL DUE PER LEVEL
LEVEL 3 W		x \$55.00		+ \$45.00		
LEVEL 4 W / M		x \$75.00		+ \$45.00		
LEVEL 5 W / M		x \$75.00		+ \$45.00		
LEVEL 6 W / M		x \$75.00		+ \$45.00		
XCEL B/S/G/P/D		x \$75.00		+ \$45.00		
USAIGC B/S/G/P/PR		x \$75.00		+ \$45.00		
LEVEL 7 W / M		x \$95.00		+ \$45.00		
LEVEL 8 W / M		x \$95.00		+ \$45.00		
LEVEL 9 W / M		x \$95.00		+ \$45.00		
LEVEL 10 W / M		x \$95.00		+ \$45.00		
<b>TOTAL DUE</b>						
FOR CREDIT CARD PAYMENTS ONLY						
Add 3% service charge Total Due X .03 =						
<b>TOTAL DUE WITH CC SERVICE CHARGE</b>					<b>\$</b>	
<b>LATE FEE</b>				Payment received after December 28, 2012	\$10.00 per gymnast	
<b>TOTAL DUE WITH FEES</b>						

## METHOD OF PAYMENT

<input type="checkbox"/>	Check or Money Order Enclosed (payable to National Gymnastic Festival) in amount of \$
<input type="checkbox"/>	Credit Card – VISA/MasterCard/Discover/American Express
Card Number: _____ Expiration Date: _____	
Address of Cardholder (Where statement sent): _____	
City/State/Zip: _____	
Name of Cardholder: _____	
I authorize USA Sports Production to charge my credit card in the amount of \$ _____	
Cardholder Signature _____	



# 2013 NATIONAL GYMNASTICS FESTIVAL January 26-27 TEAM ROSTER

- Submit team roster by email in word or excel format to [info@nationalgymnasticsfestival.com](mailto:info@nationalgymnasticsfestival.com)
- Or Forms may be faxed to 317.891.8226

Club: \_\_\_\_\_ USAG Club # \_\_\_\_\_

Coach: _____	USAG# _____	Safety _____	BG _____
Coach: _____	USAG# _____	Safety _____	BG _____
Coach: _____	USAG# _____	Safety _____	BG _____
Coach: _____	USAG# _____	Safety _____	BG _____

Gymnast Name	USAG #/USAIGC	Level	Birth Date
1			
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FOR QUESTIONS REGARDING REGISTRATION CALL 317.891.8260 OR EMAIL [INFO@NATIONALGYMNASTICSFESTIVAL.COM](mailto:INFO@NATIONALGYMNASTICSFESTIVAL.COM)