

2020 Gymnastics Entry Form

Meet Name: <u>Zenith Winter Classic 2020</u>	Competition Level: _____	Date: Feb 28 to Mar 1, 2020
Attending Clubs Name: _____	USAG Club # _____	Texas Club # _____
Street Address: _____	Phone # _____	
City: _____	State: _____	Zip: _____ Fax #: _____

Attending Coach	USAG #	USAG Exp	Safety Exp	Background Exp

Separate sheet per Level requested - List by D.O.B Youngest to Oldest - A: Achievement B: Placement

	First Name (typed)	Last Name (typed)	Level	A / P ?	USAG #	DOB	Team Y / N ?
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:	

# _____ Compulsory or Xcel Gymnasts X \$85.00 =	=	\$
# _____ Optional Gymnasts X \$105.00 =	=	\$
_____ Team Entries @ \$45 each =	=	\$
TOTAL ENCLOSED:		\$

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:	