

OFFICIAL TEXAS USA GYMNASTICS MEET ENTRY FORM

Meet Name:	ASI Winter Classic		
Date:	Feb. 21-22, 2010		
Club Name:		Club #:	
Club Address:		City:	
Zip:		Phone:	Safety Expiration
Coaches Names:		USAG #:	
Coaches Names:		USAG #:	
Coaches Names:		USAG #:	
Coaches Names:		USAG #:	

	LAST NAME	FIRST NAME	USAG #	LV	BIRTHDATE	AGE Group	Shirt Size Ch.S, M, L Ad. S, M, L, XL, XXL
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

# of Compulsory Gymnasts _____	X Entry Fee \$60.00 =
# of Optional Gymnasts _____	X Entry Fee \$65.00 =
Teams Entered (please circle) 4, 5, 6, 7, 8, 9/10 _____	X Team Fee \$30.00 =
Total	

I acknowledge that I am familiar with the USAG Rules & Policies and with the Texas USAG directives for each level. I have read and understand all information pertaining to this meet. I understand that I am responsible for the correct names, age groups, birthdates, USAG numbers, and levels of the gymnasts.

Signature