

2020-2021 Official Texas USA Gymnastics Entry Form

Meet Name: District 5 Qualifier @ Texas Star Gymnastics Competition Level: _____ Date: Oct23, 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

	First Name (typed)	Last Name (typed)	Level	USAG #	DOB	Event Specialist (List Events)	State/Regional 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:	

Gymnast X _____ \$70 _____ Entry Fee =	\$
_____ Small Team Entries @ \$35 each =	\$
_____ Medium Team Entries @ \$35 each =	
_____ Large Team Entries @ \$35 each =	\$
_____ Late fees @ \$25.00 per gymnast =	\$
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:	