

USAG REGION 4 CHAMPIONSHIPS

April 9- 11, 2010

COMPETITIVE ENTRY FORM

GYM NAME: _____ CLUB NUMBER: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: _____

EMAIL: _____ FAX NUMBER: _____

Coach Name	Coach USAG #	Pro # Exp.	Safety Cert. Exp.

	Level	Gymnast Name	Age	Date of Birth	USAG #	Event Specialist on V, UB, BB, FX
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Level 8 's _____ x \$100= _____

Level 9 's _____ x \$100= _____

Level 10 's _____ x \$100= _____

All gymnasts petitioning to Regionals should enter and be marked as "Petition" and should pay entry fee.