



U.S. ENTRY FORM

This entry and payment must be returned to the National Office by 22 May 2009. Please complete one form per club.

Club: _____ USAG #: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Entries – please list those from your club who will be attending the Freedom Cup.

Coach #1: _____ USAG #: _____

Coach #2: _____ USAG #: _____

Pair/Group Entries

	ATHLETE NAMES <i>(last name, first name)</i>	USAG NUMBER	DATE OF BIRTH <i>(day/month/year)</i>	AGE GROUP <i>(please circle one)</i>	EVENT <i>(please circle one)</i>
1	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	AGC 9-17 Junior 10-19 Senior 12+	WP MP MXP WG MG
2	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	AGC 9-17 Junior 10-19 Senior 12+	WP MP MXP WG MG
3	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	AGC 9-17 Junior 10-19 Senior 12+	WP MP MXP WG MG
4	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	AGC 9-17 Junior 10-19 Senior 12+	WP MP MXP WG MG
5	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	AGC 9-17 Junior 10-19 Senior 12+	WP MP MXP WG MG



Travel Itinerary

ARRIVAL: Date / Time: _____

USA athletes are to arrive on Tuesday, July 7; athletes will be released from the delegation on the morning of Monday, July 13. The USA Delegation will meet at 3:00pm central time for a Team USA meeting prior to the start of training on July 7.

T-Shirts – all athletes and coaches will receive a t-shirt, please indicate sizes below

NAME	T-SHIRT SIZE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

T-Shirt size options: CHILD S – M – L / ADULT S – M – L – XL – XXL
(T-shirt sizes cannot be guaranteed if this form is not received by the deadline)



Payment Information

Fee	Amount	Total
Athlete fee (for all athletes – includes, entry fee, hotel, meals, head coach fee, closing party)	\$900 x _____ # of athletes	\$ _____
Warm-up Fee (To be paid by any coach or athlete who does not have a National Team or JONT warm-up. This fee will be refunded if the athlete/coach does not make the USA delegation.)	\$75 x _____ # of athletes/coaches ___YS ___YM ___YL ___YXL ___XS ___S ___M ___L	\$ _____
Coach Fee (for all coaches – includes hotel, meals, closing party)	Double Room: \$900 x _____ # of coaches Single Room: \$1050 x _____ # of coaches	\$ _____
Closing Party Tickets (for family and friends wanting to attend the closing party)	\$40 x _____ quantity	\$ _____
TOTAL AMOUNT	\$ _____	

*** Full payment is due with this form. Payment can be made by check or credit card. ***

Check #: _____ Amount: _____

Credit Card:

Select one: Visa Mastercard Discover American Express

Credit Card Number _____ Expiration date: (dd/mm/yr) _____

Name as stated on Credit card _____ Amount to be charged: _____ USD \$

Billing Address _____

Phone Number _____

Additional Comments

FAX COMPLETED FORM BY 22 MAY 2009 TO:
USA GYMNASTICS - ATTENTION: TOM HOUSLEY
FAX: +1 317 237 5069
 CHECKS CAN BE MAILED TO: USA GYMNASTICS – ACROBATIC GYMNASTICS
 132 EAST WASHINGTON; SUITE 700
 INDIANAPOLIS, IN 46204

