



ACROBATIC GYMNASTICS COMPETITION REPORT FORM

Title of Competition: _____ Sanction #: _____

Site of Competition: _____ Date of Competition: ____/____/____

Sponsoring Club: _____ Region: _____

Meet Director: _____ USAG #: _____

Medical Personnel: _____

Participating Clubs: _____

Athlete Entry Fee: First Event _____ Second Event _____

Event:	4	5	6	7	8	9	10	Jr. Elite	Sr. Elite
Women's Pair									
Men's Pair									
Mixed Pair									
Women's Group									
Men's Group									
Total Athletes per Level*									

Total # of Athletes Competing: _____ (x) \$6.00 for Local Competitions, (x) \$7.00 for State Competitions, (x) \$8.00 for Regional Competitions to National Office surcharge = \$ _____ total
**athletes in more than one event are counted only ONCE when determining athlete surcharge*

Total # of Athletes Competing: _____ (x) \$ _____ for Regional Fund surcharge = \$ _____ total (based on Regional Committee decisions and level of competition)
**athletes in more than one event are counted only ONCE when determining athlete surcharge*

I certify that this meet was conducted according to the Acrobatic Gymnastics Rules and Policies. I understand that failure to return this report within 10 days of the competition or any other violation of the rules may cause the sanction to be rescinded.

Signature of Meet Director _____ Date ____/____/____

Send original form with money and copy of the scores from the competition to the Program Manager for Acrobatic Gymnastics. Send a copy of this form and a copy of scores from the competition, including money if applicable, to the Regional Administrative Chairman within 10 days of the meet.

Postmark Date: ____/____/____ Date Received: ____/____/____ Initials: _____