

## USA GYMNASTICS TRAMPOLINE & TUMBLING 2009 Winter Classic

### FOREIGN COMPETITORS ENTRY FORM

JR/SR ELITE, LEVEL 10 ENTRY FEE      \$125                      EACH ADDITIONAL EVENT      \$15

**MAIL TO:**            Attn: Cathy Allen, USA Gymnastics, 201 S. Capitol Ave. Ste. 300, Indianapolis, IN 46225  
**FAX TO:**            Attn: Cathy Allen, 317-237-5069 (credit card required for faxed entries)

*Please print or type. Copy as needed.*

**TEAM:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

**COMPETITORS:** (Give complete information. **Write the level of the event(s) entered.**)

	NAME	M/F	BIRTH YEAR	TU Level	DM Level	TRI Level	TRS Level	TRS PARTNER	ENTRY FEE	USAG # *	TOTAL
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											

Please provide an emergency cell phone number.

**COACHES\***    **NAME:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**JUDGES\*\***    **NAME:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

<b>TOTAL FEES</b>	
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Credit card Information	Type of card	Visa	Other _____
Name (as it appears on card) _____	Amt charged _____		
Card number _____	Exp Date _____		
Signature _____			

\* Athletes and coaches are required to have USAG foreign participant membership. Forms available on the web site at [http://www.usa-gymnastics.org/forms/2006/foreign\\_athlete\\_form.pdf](http://www.usa-gymnastics.org/forms/2006/foreign_athlete_form.pdf).

\*\* The \$25 USAG membership fee is complimentary to judges.