

USA GYMNASTICS TRAMPOLINE & TUMBLING 2009 Winter Classic OFFICIAL ENTRY FORM

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: _____ USAG #: _____

E-MAIL: _____ FAX #: _____

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

NAME	M/F	BIRTH YEAR	U.S. CITIZEN (Y/N)	USAG #	TU Level	DM Level	TRI Level	TRS Level	TRS PARTNER	FEE
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

TOTAL FEES PAID: _____

COACHES: (MUST BE CURRENTLY REGISTERED AND AT LEAST LEVEL 1. Please provide an emergency phone number.)

NAME: _____ PHONE: _____ USAG #: _____

NAME: _____ PHONE: _____ USAG #: _____

Credit Card Information	Type of card	Visa	Other _____
Name (as it appears on card) _____		Amt. Charged _____	
Card Number _____		Exp. Date _____	
Signature _____			

Coaches, check this entry form carefully. Corrections after February 18 will result in a \$10.00 fee per correction.