



# Competition Entry Form

Event \_\_\_\_\_ Date \_\_\_\_\_  
 Team Name \_\_\_\_\_ Club # \_\_\_\_\_  
 Name of Club \_\_\_\_\_ Head Coach \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_

**LIST ALL COACHES ATTENDING COMPETITION:**

Name	USA Gym Pro Membership No.	Safety Certification Exp (required for State & above)	Background Exp (required for State & above)	U100 completion

Signature of Head Coach \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Level 3 @ \$ \_\_\_\_\_ = \_\_\_\_\_  
 \_\_\_\_\_ Level 4 @ \$ \_\_\_\_\_ = \_\_\_\_\_  
 \_\_\_\_\_ Level 5 @ \$ \_\_\_\_\_ = \_\_\_\_\_  
 \_\_\_\_\_ Level 6 @ \$ \_\_\_\_\_ = \_\_\_\_\_  
 \_\_\_\_\_ Level 7 @ \$ \_\_\_\_\_ = \_\_\_\_\_  
 \_\_\_\_\_ Level 8 @ \$ \_\_\_\_\_ = \_\_\_\_\_  
 \_\_\_\_\_ Level 9/10 @ \$ \_\_\_\_\_ = \_\_\_\_\_  
 \_\_\_\_\_ Group @ \$ \_\_\_\_\_ = \_\_\_\_\_  
**TOTAL FEE ENCLOSED** = \_\_\_\_\_  
 CHECK # \_\_\_\_\_

This Entry Form will not be accepted if postmarked after: \_\_\_\_\_

Return this cover sheet along with all appropriate Level entry forms to:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Email: \_\_\_\_\_

**Athletes with medical reasons validated by a physician may request a refund of 50%.  
 (Written request must be received within 3 business days of the meet.)**