

Name of Meet: _____

Club: _____

Address: _____

Telephone: _____

Club Number: _____



Coach: _____	USAG#: _____	Background Check Exp: _____	Safety Certification Exp.: _____
Coach: _____	USAG#: _____	Background Check Exp: _____	Safety Certification Exp.: _____
Coach: _____	USAG#: _____	Background Check Exp: _____	Safety Certification Exp.: _____
Coach: _____	USAG#: _____	Background Check Exp: _____	Safety Certification Exp.: _____

Gymnast Name	USAG#	Level	Age Division	Birthdate	US Citizenship	T-SHIRT SIZE
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						
13)						
14)						
15)						
16)						
17)						
18)						
19)						
20)						

Number of Gymnasts _____ x Entry Fee _____ Total _____

Make Checks payable to USAG-MD mail to: 206 Commodore Way Odenton, MD 21113