



USA GYMNASTICS®

Florida

**State Championship Entry Form**

Women's Artistic Gymnastics

Club Name \_\_\_\_\_ Club #: \_\_\_\_\_ (required)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Coach's Name(Print) \_\_\_\_\_ USAG # \_\_\_\_\_ Member Exp \_\_\_\_\_ Bkgrnd \_\_\_\_\_ Safety Exp. \_\_\_\_\_

**COPY THIS FORM AS NEEDED**

List each coach that will attend – each will be verified  
*Please use one (1) form per level ~ Complete all columns*

CIRCLE ONE LEVEL 1 2 3 4 5 6 7 8 9 10 10/1/2017

ATHLETE NAME	USAG #	BIRTHDATE	HIGH SCORE	MEET NAME SCORE ACHIEVED	T shirt size
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Total Number of Entries \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Team Fee - \$50.00 (if entering team competition) \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_ Ck # \_\_\_\_\_

CHECK MUST BE INCLUDED WITH ENTRY – FAX NOT ACCEPTED

Late Fee per athlete is \$50.00 after deadline – No Entry from 10 days out

<b>Individual Entry Fees</b>
<b>\$75.00</b> Levels 1-2-3-4-5
<b>\$85.00</b> Levels 6-7-8-9-10