



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 9/1/2015

Table with 5 columns: ATHLETE NAME, USAG #, BIRTHDATE, HIGH SCORE, MEET NAME SCORE ACHIEVED. Rows 1-20.

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

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

TOTAL \$ _____ Ck # _____

Individual Entry Fees
\$65.00 Levels 1-2-3-4-5
\$85.00 Levels 6-7-8-9-10

CHECK MUST BE INCLUDED WITH ENTRY – FAX NOT ACCEPTED
Late Fee per athlete is \$50.00 after deadline – No Entry from 10 days out