



USA GYMNASTICS®

Florida

State Championship Entry Form

Women's Artistic Gymnastics

Club Name _____ Club #: _____

Address _____ City _____ (required) 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 Xcel - **Bronze Silver Gold Platinum Diamond** 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

Individual Entry Fees
\$75.00 All Levels Xcel