2012 ST. LOUIS CLASSIC ENTRY FORM

CLUB NAME:_____PHONE:_____
ADDRESS:_____CLUB USAG #_____
CITY:_____STATE:_____ZIP:_____E-MAIL:_____

COACH_____USAG #_____ SAFETY EXP:_____
COACH_____USAG #_____ SAFETY EXP:_____
COACH_____USAG #_____ SAFETY EXP:_____
COACH_____USAG #_____SAFETY EXP:_____
COACH_____USAG #_____SAFETY EXP:_____

GYMNAST NAME	LEVEL	USAG #	BIRTHDATE	U.S. CITIZEN

INDIVIDUAL ENTRY

TOTAL # OF LEVEL 4 GYMNASTS_____ X $60.00=_____
TOTAL # OF LEVEL 5-6 GYMNASTS_____ X $80.00=_____
TOTAL # OF LEVEL PO-7-8-9-10 GYMNASTS_____ X $100.00=_____

TEAM ENTRY

PLEASE CIRCLE TEAMS ENTERED:

LEVEL 4 LEVEL 5 LEVEL 6 LEVEL PO LEVEL 7 LEVEL 8 LEVEL 9 LEVEL 10

TOTAL # OF TEAMS_____X $50.00 =_____

TOTAL PAYMENT DUE $_____

PLEASE MAKE CHECKS PAYABLE TO TEAM CENTRAL