

USA GYMNASTICS COMPETITION ENTRY FORM



NAME OF MEET: Texas Classic DATE: 9/13-9/15/13

TEAM NAME: _____ PHONE: _____

TEAM ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____ CLUB # _____

COACH(S) NAME: _____

COACH USAG #: _____ SAFETY CERT. EXPIRATION DATE: _____

Revised 11/2000

COMPETITOR NAME	ATHLETE REGISTRATION #	LEVEL	AGE DIV.	DATE OF BIRTH	U.S. CITIZEN?	PETITION PENDING
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						
13)						
14)						
15)						
16)						
17)						
18)						
19)						
20)						