



**State Championship Entry Form** Women's Artistic Gymnastics

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

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

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

**Coach's Name** \_\_\_\_\_ **USAG #** \_\_\_\_\_ **Safety Exp. Date** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 2 3 4 5 6 PO 7 8 9 10

ATHLETE NAME	USAG #	BIRTHDATE	HIGH SCORE	MEET NAME SCORE ACHIEVED
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

**Individual Entry Fees**

**\$50.00** Levels 2-3

**\$60.00** Levels 4-5-6

**\$75.00** Levels PO-7-8-9-10

**Late Fee per athlete is \$25.00 after deadline – No Entry from 10 days out**