



**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 # \_\_\_\_\_

<b>Individual Entry Fees</b>
<b>\$50.00</b> Levels 2-3
<b>\$60.00</b> Levels 4-5-6
<b>\$75.00</b> Levels PO-7-8-9-10

CHECK MUST BE INCLUDED WITH ENTRY – FAX NOT ACCEPTED  
updated 09.05.07

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