TEXAS MEET ENTRY FORM

MEET NAME:		
DATE:		
CLUB NAME:		CLUB #:
CLUB ADDRESS:	CITY:	ZIP:
PHONE:	FAX:	E-MAIL:
TEAM NAME:		
COACHES NAME:	USAG#:	SAFETY EXP:
COACHES NAME:	USAG#:	SAFETY EXP:
COACHES NAME:	USAG#:	SAFETY EXP:
COACHES NAME:	USAG#:	SAFETY EXP:

First	Last	Level	USAG #	B-Day	Age as of 9/1	Age Group	US Citizen	Shirt Size

# of Gymnasts		X Entry Fee		
		Team Fee		
		T-Shirts		
		Late Fee		
		Total Fee Enclosed		

I hereby acknowledge all rules and regulations handed down by USA Gymnastics and the State Director. I have read and understand all information pertaining to this meet. This entry form contains all the proper names, ages and USAG numbers and classes of gymnasts.

This form was prepared and filed out by: _____