STATE CHAMPIONSHIP - ENTRY FORM

Team Name:

Gym Address: **City:** **State:** **Zip:**

Gym Phone #: **Gym Fax:** **E-mail:**

COACHES EMAIL: **Club Number:**

Coaches Name: **Coaches USAG #:** **USAG Exp. Date:**

Coaches Name: **Coaches USAG #:** **USAG Exp. Date:**

Coaches Name: **Coaches USAG #:** **USAG Exp. Date:**

			Total				Total
______	# of Level 3	50.00	________	______	# of Level 7	$70.00	________
______	# Xcel	60.00	________	______	# of Level 8	$70.00	________
______	# of Level 4	60.00	________	______	# of Level 9	$70.00	________
______	# of Level 5	60.00	________	______	# of Level 10/OPEN	$70.00	________
______	# of Level 6	60.00					
______	**# of Teams ea. Lev.**	55.00			**Total Amount Enclosed**		________

Name	USAG #	Birthdate	Age	Level	Qualifiying	Location	US Citizen