



**OZ CLASSIC
REGISTRATION FORM**

TEAM NAME:

CLUB NUMBER:

CONTACT PERSON

TEAM ADDRESS

PHONE NUMBER

EMAIL

COACH

USAG#

COACH

USAG#

COACH

USAG#

ENTRY DEADLINE: JANUARY 31, 2024

Level 2 and up \$100.00 X _____ = _____

Team fee \$50 per level (indicate which levels are entered) =

Team Levels entered:

Please circle: 2 3 4 5 6 7 8 9 10

BRONZE SILVER GOLD PLATINUM DIAMOND SAPPHIRE

*Total Amount Due for Competition =

* Check # and Amount to: **ECG PARENTS CLUB**

ALL REGISTRATIONS GO THROUGH USA MEET RESERVATIONS.

CHECKS ARE PAYABLE TO: **ECG PARENTS CLUB**
1200 ORR AVE
KITTANNING, PA
16201