



Competition Entry Form

Event _____ Date _____

Team Name _____

Name of Club _____ Head Coach _____

Mailing Address _____

City _____ State _____ Zip _____ Phone (____) _____

LIST ALL COACHES ATTENDING COMPETITION:

Name	USAG Pro Membership No.	Safety Certification Expiration Date (required for State and above)

Signature of Head Coach _____ Date _____

_____ Level 3 @ \$ _____ = _____

_____ Level 4 @ \$ _____ = _____

_____ Level 5 @ \$ _____ = _____

_____ Level 6 @ \$ _____ = _____

_____ Level 7 @ \$ _____ = _____

_____ Level 8 @ \$ _____ = _____

_____ Level 9/10 @ \$ _____ = _____

_____ Group @ \$ _____ = _____

TOTAL FEE ENCLOSED = _____

CHECK # _____

This Entry Form will not be accepted if postmarked after: _____

Return this cover sheet along with all appropriate Level entry forms to:

Guest Award Policy: _____

**Athletes with medical reasons validated by a physician may request a 50% refund.
 (Written request must be received within 3 business days of the meet.)**

Age Group Descriptions:

AS per Rules and Polies