

# USA GYMNASTICS COMPETITION ENTRY FORM

RCVD \_\_\_\_\_

CK# \_\_\_\_\_

AMNT \_\_\_\_\_

NAME OF MEET: **2009 NC Compulsory Judges Cup**

DATE OF MEET: **September 18-20, 2009**

TEAM NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

TEAM ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CLUB #: \_\_\_\_\_

**COACHES' INFORMATION:**

NAME: \_\_\_\_\_ USAG #: \_\_\_\_\_ USAG EXP: \_\_\_\_\_ SAFETY EXP: \_\_\_\_\_ BCKGRND EXP \_\_\_\_\_

NAME: \_\_\_\_\_ USAG #: \_\_\_\_\_ USAG EXP: \_\_\_\_\_ SAFETY EXP: \_\_\_\_\_ BCKGRND EXP \_\_\_\_\_

NAME: \_\_\_\_\_ USAG #: \_\_\_\_\_ USAG EXP: \_\_\_\_\_ SAFETY EXP: \_\_\_\_\_ BCKGRND EXP \_\_\_\_\_

NAME: \_\_\_\_\_ USAG #: \_\_\_\_\_ USAG EXP: \_\_\_\_\_ SAFETY EXP: \_\_\_\_\_ BCKGRND EXP \_\_\_\_\_

NAME: \_\_\_\_\_ USAG #: \_\_\_\_\_ USAG EXP: \_\_\_\_\_ SAFETY EXP: \_\_\_\_\_ BCKGRND EXP \_\_\_\_\_

Gymnast's Name	USAG #	DOB	Level	Age	US Citizen?
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