

# REGION 8 USA GYMNASTICS REGIONAL MEET ENTRY FORM

**Please Check One Level [Separate sheet for each level]**

**LEVEL 7 Invitational**  **LEVEL 8 Regionals**  **LEVEL 9 Regionals**  **LEVEL 10 Regionals**

TEAM NAME \_\_\_\_\_ USAG Club # \_\_\_\_\_

ADDRESS \_\_\_\_\_

PREFERRED CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL: \_\_\_\_\_

List **ALL** coaches attending Regional competition:

NAME	USAG#	EXP. DATE	SAFETY EXP. DATE	BACKGROUND EXP. DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I give my permission for the above information to be used in the Region 8 Address book.

\_\_\_\_\_ Signature

COMPETITOR NAME (Last Name, First Name)	Age Group	ATHLETE REGISTRATION	DATE OF BIRTH MM/DD/YYYY	GRADUATING SENIOR	GK Sizes <small>Leo/Trunk/wupJ&amp;P</small>
1. _____	_____	_____	_____	Y ___ N ___	_____
2. _____	_____	_____	_____	Y ___ N ___	_____
3. _____	_____	_____	_____	Y ___ N ___	_____
4. _____	_____	_____	_____	Y ___ N ___	_____
5. _____	_____	_____	_____	Y ___ N ___	_____
6. _____	_____	_____	_____	Y ___ N ___	_____
7. _____	_____	_____	_____	Y ___ N ___	_____
8. _____	_____	_____	_____	Y ___ N ___	_____
9. _____	_____	_____	_____	Y ___ N ___	_____
10. _____	_____	_____	_____	Y ___ N ___	_____

**PETITIONS:** MUST fill out separate forms and separate check must be received by MARIAN DYKES, RTCC, by WEDNESDAY following your State Meet.

1. _____	_____	_____	_____	Y ___ N ___	_____
2. _____	_____	_____	_____	Y ___ N ___	_____
3. _____	_____	_____	_____	Y ___ N ___	_____
4. _____	_____	_____	_____	Y ___ N ___	_____

TOTAL NUMBER OF ENTRIES : \_\_\_\_\_ X \$90.00 Level 7, 8, 9 & 10 CHECK FOR \$ \_\_\_\_\_ ENCLOSED.

TOTAL NUMBER OF PETITIONS: \_\_\_\_\_ x \$90.00 LEVEL 9 & 10 CHECK FOR \$ \_\_\_\_\_ SENT TO RTCC

**MAKE CHECKS PAYABLE TO MEET DIRECTOR - as instructed in meet information.**

**GIVE TO STATE ADMINISTRATIVE CHAIRMAN AT STATE CHAMPIONSHIPS  
SEPARATE SHEET FOR EACH LEVEL**