

REGION 8 USA GYMNASTICS REGIONAL MEET ENTRY FORM

Please Check One Level [Separate sheet for each level]

LEVEL 7
 LEVEL 8
 LEVEL 9
 LEVEL 10

PO Bronze
 PO Silver
 PO Gold
 PO Platinum
 PO Open

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

COMPETITOR NAME (Last Name, First Name)	ATHLETE REGISTRATION	DATE OF BIRTH MM/DD/YYYY	GRADUATING SENIOR
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

If a non-citizen athlete places in the top four (4) AA at JO Nationals, she will receive the award for her All-Around placement; however, she is not eligible to become a member of the US JO National Team. In this instance, the next US citizen in rank order will be placed on the JO National Team.

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
5			Y N

TOTAL NUMBER OF ENTRIES : _____ X \$90.00 PO & 7 or \$100.00 8, 9 & 10 CHECK FOR \$ _____ ENCLOSED.
 TOTAL NUMBER OF PETITIONS: _____ x \$100.00 LEVEL 9 & 10 CHECK FOR \$ _____ SENT TO RTCC

MAKE CHECKS PAYABLE TO State USA Gymnastics account.

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