

## LEVEL 9 - OFFICIAL REGION 3 MEET ENTRY FORM

Meet Name:	Level 9 Regionals		Entry fee = \$90.00
Date:	April 9 - April 11, 2010		
Club Name:			
Club Address:		City:	
Zip:		Phone:	Email:
Team Name:		Fax:	
Coaches Name:		USAG #:	Safety Exp Date:
Coaches Name:		USAG #:	Safety Exp Date:
Coaches Name:		USAG #:	Safety Exp Date:
Coaches Name:		USAG #:	Safety Exp Date:

	Competitor Name	USAG#	Birthdate	Age Group	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

	Petitioned Athletes	USAG#	Birthdate	Age Group	Graduating Senior
1			/ /		Y / N
2			/ /		Y / N
3			/ /		Y / N
4			/ /		Y / N

Meet Director's Use	
Date Received	
Check Number	
Amount	
Short / Over	

Total # of Gymnasts: ___ X \$90.00	
Check Payable to	
USA Gymnastics	
<b>Total</b>	

I acknowledge that I am familiar with the USAG *Rules & Policies*. I have read and understand all information pertaining to this meet. I understand that I am responsible for the correct names, age groups, birthdates, and USAG numbers of the gymnasts.

\_\_\_\_\_  
Signature

State Chairman must collect and send overnight to the regional meet director.