

2009-10 Official New Mexico USAG Entry Form

Meet Name: _____		Competition Level: _____	
Date: _____		USAG Club # _____	
		NM Club # _____	
Attending Clubs Name: _____		Phone # _____	
Street Address: _____		Fax #: _____	
City: _____		State: _____	
		Zip: _____	
Attending Coach: _____		USAG #: _____	
		Safety Exp.: _____	
Attending Coach: _____		USAG #: _____	
		Safety Exp.: _____	
Attending Coach: _____		USAG #: _____	
		Safety Exp.: _____	

Please list gymnasts in order by Level (separate sheet per level requested)

	Typed Name First / Last	Level	USAG #	Birthday MM/DD/YYYY	Age
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

Meet Director's Use	
Date Rec'd:	
Check #:	
Amount:	\$
Short/Over:	\$

_____ Gymnast x \$_____ Entry Fee	=	\$
_____ Small Team Entries @ \$_____ each	=	\$
_____ Large Team Entries @ \$_____ each	=	\$
_____ Late Fee (\$_____ per gymnast)	=	\$
TOTAL ENCLOSED		= \$

I acknowledge that I am familiar with the *USAG Rules & Policies* and with the New Mexico USAG directives for each level. I have read and understand all information pertaining to this meet. **I understand that this form MUST be in type written form and that I am responsible for the correctness of names, USAG numbers, levels, dates of births, age groups and other information required on this form. I know that all coaches must have and display a current pro and safety certification in order to be on the competitive floor.**

Typed Name: _____ Signature: _____

Club / Contact E-mail Address: _____