



**Feb 3rd - Sat only 2018
Meet Entry Form**

Club Name: _____ USAG Club #: _____

Address _____ City: _____ Zip: _____

Phone#: _____ Fax # _____ Email: _____

Coaches Attending

Name: _____ USAG# _____ Safety Exp ___/___/___ BKGD Exp ___/___/___ U100 _____

Name: _____ USAG# _____ Safety Exp ___/___/___ BKGD Exp ___/___/___ U100 _____

Name: _____ USAG# _____ Safety Exp ___/___/___ BKGD Exp ___/___/___ U100 _____

	Name of Gymnasts (print clearly)	Birthdate	USAG #	Level	T-shirt Size
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Number of Gymnasts attending _____ x \$95 = _____ TOTAL

No Team Fee

Early Bird Deadline: 12/28/2017 (\$100 after Deadline)

Refund Deadline: 1/4/2018

Please make checks payable to:

Classic Gymnastics

Substitutions ok after refund deadline

Please send all entry forms to Classic Gymnastics

3602 Mars Ct. Ste 113 Tracy, Ca 95377