USAG T&T MEET ENTRY FORM

MEET DALLAS CUP **Date:** JANUARY 8-9, 2010

Gym Name: _____ E-mail: _____

Club USAG#: _____ Gym Phone: _____ Fax #: _____

Coaches Name	USAG #	Safety Exp.

Judges Name	USAG #	Safety Exp.	Tramp Rating	Tumb Rating	DM Rating

Gym Name	First Name	Last Name	USAG #	M/F	BIRTH YEAR	AGE	Level TR	Level DMT	Level TU	$ Amt

LEVEL 1 - 4 $25 1st event, $5 each additional event
LEVEL 5 - 8 $50 1st event, $10 each additional event
LEVEL 9 - Elite $65 1st event, $10 each additional event
MAKE CHECKS PAYABLE TO EAGLE'S WINGS ATHLETICS

For Office Use Only			
Date Rec'd		Amount	Check #

TOTAL