

USA ENTRY FORM

DUPLICATE AS NECESSARY

GYM NAME: _____ CLUB #: _____
 GYM ADDRESS _____

EMAIL ADDRESS _____

COACHES INFORMATION:

NAME:	USAG#	SAFETY CERT. EXP
1		
2		
3		
4		
5		

GYMNASTS INFORMATION:

NAME	LEVEL	DOB	USAG#	T-SHIRT SIZE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

# OF GYMNAST	USA 2-6	_____	X \$60.00	\$ _____
	USA PREP	_____	X \$60.00	\$ _____
	USA 7-10	_____	X \$85.00	\$ _____

TEAM ENTRY/PER LEVEL	_____	X \$50.00	\$ _____
TOTAL AMOUNT DUE:			\$ _____

**PLEASE MAKE CHECK PAYABLE TO GGA PARENTS CLUB AND RETURN TO:
 KIM SWOPE, 98 PATTERSON ROAD, LAWRENCEVILLE GA. 30044
 GYM FAX 770-963-3443**