

2009 Metroplex Challenge Men's Entry Form

USAG Club # _____	E-mail: _____
Club Name: _____	Phone # _____
Street Address: _____	Fax #: _____
City: _____	State: _____ Zip: _____

	First / Last	Level	USAG #	Date of Birth <small>(All entries will be redistributed into equal age groups, therefore, age group not required)</small>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

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

Level 7-Open Gymnast X \$70 Entry Fee:	\$
Level 4-6 Gymnast X \$65 Entry Fee:	\$
Team entries X \$40:	\$
TOTAL (THIS PAGE) Enclosed:	\$

Make checks Payable To: Metroplex Team Fund

Mail Entry To:

Chris Brashier
701 S. Industrial Ste 105
Eules, TX 76040