

2009 Metroplex Challenge Women's Entry Form

USAG Club # _____	EMAIL: _____
Club Name: _____	Phone # _____
Street Address: _____	Fax #: _____
City: _____	State: _____ Zip: _____

	First / Last	Level	USAG #	Age Group	DATE OF BIRTH <small>(All entries will be redistributed into equal age groups, therefore, age group not required)</small>	Level 10 and Elites Graduation Year
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

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

Level 7-Elite Gymnast X \$100 Entry Fee:	\$
Level 4-6 Gymnast X \$75 Entry Fee:	\$
Level 2-3 Gymnast X \$55 Entry Fee:	\$
Team Entries X \$40:	\$
TOTAL (THIS PAGE) Enclosed:	\$

MAKE CHECKS PAYABLE TO: METROPLEX TEAM FUND

Mail Entry To:
 Diane Callison
 23873 Wild Forest Drive
 New Caney, Texas 77357