

2009 Metroplex Challenge Women'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>	Level 10 and Elites Graduation year
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-Elite Gymnast X \$100 Entry Fee:	\$
Level 4-6 Gymnast X \$70 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 Dr.
 New Caney TX 77357