

Metroplex Challenge ELITE Entry Form

Meet Name _____	Competition Level: _____	
Date: _____	USAG Club # _____	
Attending Clubs Name: _____	Phone # _____	
Street Address: _____	Fax #: _____	
City: _____	State: _____	Zip: _____
Attending Coach: _____	USAG #: _____	Safety Exp.: _____
Attending Coach: _____	USAG #: _____	Safety Exp.: _____
Attending Coach: _____	USAG #: _____	Safety Exp.: _____

Please check compulsory, optional, or both.

	Typed Name First / Last	Comp.	Opt.	USAG #	Date of Birth	Age Group
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Entry fee is single flat rate of \$100 per athlete whether you are competing compulsory, option, or both.

Meet Director's Use		
Date Rec'd:		Gymnast X \$ 100.00 Entry Fee = \$
Check # :		\$
Amount:		\$
Short/Over:		\$
TOTAL Enclosed:		\$

I understand that this form **MUST** be in type written form and that I am responsible for the correctness of names, USAG numbers, levels DOB, age groups and other information required on this form.

Contact coaches Name: _____ Cell phone number – (required) _____
 Email Address _____