

Official Optional Evaluation Entry Form

| | | | |
|-----------------|----------------------------|-------------------|-------------|
| Meet Name | Optional Evaluation | Competition Level | |
| Date(s) | December 5-6, 2015 | USAG Club # | |
| Club Name | | Texas Club # | |
| Club Address | | Club Phone# | |
| City | | FAX # | |
| Zip | | E-Mail address | |
| Attending Coach | | USAG # | Safety Exp: |
| Attending Coach | | USAG # | Safety Exp: |
| Attending Coach | | USAG # | Safety Exp: |
| Attending Coach | | USAG # | Safety Exp: |

| | Gymnast Name (typed) | USAG # | Level | Birth Date | | US Citizen? Y /N |
|----|-------------------------|--------|-------|------------|--|---------------------|
| 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 | |

**(Entries must
be RECEIVED by:
Nov 13, 2015)**

| | |
|------------------------------------|-----------|
| ___ Gymnast x \$50 entry fee each= | \$ |
| ___ Late fee (\$10/gymnast) | \$ |
| NO T shirts for evaluations | |
| TOTAL ENCLOSED: | \$ |

I acknowledge that I am familiar with the USAG Rules & Policies and with the Texas USAG directives for each level. I have read, and I understand all information pertaining to this meet. **I understand that I am responsible for the correctness of names, ages, birth dates, USAG numbers, and levels of the gymnasts. I know that I, and all coaches on the floor, must have and display a current pro and safety certification card at all times.**

Printed Name: _____ Signature: _____

Contact number: _____