

Official Optional Evaluation Entry Form

Meet Name	Optional Evaluation	Competition Level	
Date(s)	December 3-4, 2016	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 11, 2016)**

___ 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 _____