OFFICAL TEXAS JUDGES CUP ENTRY FORM

Select Site: ☐*West Texas*   ☐*DFW*   ☐*Austin/San Antonio*   ☐*Houston*

Meet Name: 2016 Texas Judges Cup	**Competition Level: 1, 2, 3A, 3P, 4A, 4P, 5A, 5P**	
Date: Sept 30th – Oct 2nd, 2016	**USAG #**	**Texas Club #**
Club Name:	**Club Ph#**	
Address:	**Fax #**	
City: **Zip:**	**Club Email:**	

Attending Coach(es)	USAG# / Exp Date	Safety Exp Date	Bkgd Exp Date
	/		
	/		
	/		
	/		

	JC Team	Gymnast Name (typed) Separate Page for Each Level	USAG #	Level	Birthday
1	☐				
2	☐				
3	☐				
4	☐				
5	☐				
6	☐				
7	☐				
8	☐				
9	☐				
10	☐				
11	☐				
12	☐				
13	☐				
14	☐				
15	☐				

Meet Director Use

Date Rec'd	
Check #	
Amount	$
Short/Over	

___Gymnasts x $65 entry fee =	$
___Small Man Entries @ $40s =	$
___Large Man Entries @ $40 =	$
___Judges Cup Team @ $40 (designate 6 Athletes)	$
(minimum of 2 teams req'd to hold team competition for that level)	
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 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 all coaches on the floor and I must have a current pro and safety certification card at all Times.

Contact Person: Signature:

Contact Phone #   Contact Email: