

OFFICIAL TEXAS JUDGES CUP ENTRY FORM

Select Site:
(number choices)
1-4)

_____ WGA
Spring

_____ FEW
Dallas

_____ Alamo
San Antonio

_____ LegacyElite
Midland

Meet Name	2008 Texas Judges Cup	Competition Level	2, 3, 4, 5A/P, 6A/P
Date(s)	October 17-19, 2008	USAG Club #	
Club Name		Texas Club #	
Club Address		Club Phone #	
City		FAX #	
Zip		E-Mail	
Attending Coach		USAG #	Safety Exp.
Attending Coach		USAG #	Safety Exp.
Attending Coach		USAG #	Safety Exp.

	JC Team	Gymnast Name (typed)	USAG #	Level	Birthday	US Citizen? Yes/No
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Meet Director's Use

Date Rec'd	
Check #	
Amount	\$
Short/Over	

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 myself, and all coaches on the floor, must have a current pro and safety certification card available at all times.**

_____ Gymnasts x \$60 entry fee =		\$
_____ Small Team Entries @ \$40 =		\$
_____ Large Team Entries @ \$40 =		\$
_____ Judges Cup Team @ \$40 (designate 6 athletes)		\$
<i>minimum of 2 teams required to hold team competitions for that level</i>		
_____ Late Entries @ \$10 / gymnast =		\$
TOTAL Enclosed		\$

Printed Name: _____ Signature: _____