

OFFICIAL TEXAS JUDGES CUP ENTRY FORM

Select Site: West Texas DFW Austin/San Antonio Houston

Meet Name: 2018 Texas Judges Cup		Competition Level: 1, 2, 3A, 3P, 4A, 4P, 5A, 5P			
Date: September 28 – 30, 2018		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	<input type="checkbox"/>				
2	<input type="checkbox"/>				
3	<input type="checkbox"/>				
4	<input type="checkbox"/>				
5	<input type="checkbox"/>				
6	<input type="checkbox"/>				
7	<input type="checkbox"/>				
8	<input type="checkbox"/>				
9	<input type="checkbox"/>				
10	<input type="checkbox"/>				
11	<input type="checkbox"/>				
12	<input type="checkbox"/>				
13	<input type="checkbox"/>				
14	<input type="checkbox"/>				
15	<input type="checkbox"/>				

Meet Director Use

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

___ Gymnasts x \$70 entry fee =	\$
___ Small Team Entries @ \$40 =	\$
___ Medium Team Entries @ \$40 =	\$
___ Large Team 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: _____