

OFFICAL 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	

<u> </u> Gymnasts x \$70 entry fee =	\$
<u> </u> Small Team Entries @ \$40 =	\$
<u> </u> Medium Team Entries @ \$40 =	\$
<u> </u> Large Team Entries @ \$40 =	\$
<u> </u> 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: