



Entry Form • February 6-9, 2020

Team Name: _____ USAG#: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Person: _____ Contact Email: _____

Estimated Athletes

Male		Female	
Level 4	D1 ___ x \$ 90 \$	Level 2	___ x \$ 90 \$
	D2 ___ x \$ 90 \$	Level 3	___ x \$ 90 \$
Level 5	D1 ___ x \$ 90 \$	Level 4	___ x \$ 90 \$
	D2 ___ x \$ 90 \$	Level 5	___ x \$ 90 \$
Level 6	D1 ___ x \$ 90 \$	Level 6	___ x \$ 115 \$
	D2 ___ x \$ 90 \$	Level 7	___ x \$ 115 \$
Level 7	D1 ___ x \$ 90 \$	Level 8	___ x \$ 115 \$
	D2 ___ x \$ 90 \$	Level 9	___ x \$ 115 \$
Level 8	___ x \$ 115 \$	Level 10	___ x \$ 115 \$
Level 9	___ x \$ 115 \$	Xcel	x \$ 80 \$
Level 10	___ x \$ 115 \$	Teams	___ x \$ 65 \$
JD 1	___ x \$ 115 \$		Sub Total 2
JD 2	___ x \$ 115 \$		
	Sub Total 1 \$		Grand Total: \$

Coaches Attending

Name	USAG #
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____

Please list coaches attending accurately for access to the competition floor. Hospitality and coaches gifts are also based on these numbers.

We want to commit to the 2020 Top Gun Team Challenge (TGTC). Above we have listed the approximate number of athletes and levels and request that you hold these spots for us. We realize that by submitting this form and the non-refundable \$250 deposit that we will be responsible for submitting all entry fees for the athletes by December 1, 2019. This form signifies our commitment and appreciation for holding spots for our gymnasts in the 2020 TGTC. We realize there are no refunds for any reason after December 1, 2019, although substitutions may be made until January 1, 2020.

Make check payable to:

OMEGA Gymnastics

Signature of Club Representative

Printed Name of Club Representative

Mail with this form, deposit, and preliminary roster to:

**OMEGA Gymnastics
 9700 SW Harvest CT, STE 180
 Beaverton OR 97005
 ATTN: Home Meet**

