

THE TEXAS SHOOTOUT / JAN.4-6, 2019
MEET ENTRY FORM--DUE NOVEMBER 15, 2018

Club Name: _____	USAG Club # _____	Phone # _____
Street Address: _____	Fax #: _____	
City: _____	State: _____	Zip: _____
Attending Coach: _____	USAG #: _____	Safety Exp.: _____
Attending Coach: _____	USAG #: _____	Safety Exp.: _____
Attending Coach: _____	USAG #: _____	Safety Exp.: _____

Please list gymnasts by Level and Date of Birth.

	First	/	Last	Level	USAG #	Date of Birth
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Meet Director's Use	
Date Rec'vd:	
Check # :	
Amount:	\$
Short/Over:	
Entered:	Email Conf:

_____ Level Xcel:	# X \$85 Entry Fee	\$
_____ Level 6-10:	# X \$110 Entry Fee	\$
		\$
_____ # of Small Team Entries	@ \$50 each =	
_____ # of Med Team Entries	@ \$50 each =	\$
_____ # of Large Team Entries	@ \$50 each =	\$
Check Payable to Texas Shootout:		\$

Late entries will only be accepted at the discretion of the meet host. Please contact the meet host prior to sending a late entry. I acknowledge that I am familiar with the *USAG Rules & Policies* and with the 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, USAG numbers, levels, DOB, age groups and other information required on this form. I know that all coaches must have and display a current pro and safety certification in order to be on the competitive floor.**

Contact Name: _____ Signature: _____

Contact Ph#: _____ E-Mail (Required) _____

Please mail form and payment to: Olympia Hills Gymnastics, 2122 Green Meadows Ln, Buda, Texas 78610