

THE TEXAS SHOOTOUT / JAN. 17-19, 2020

MEET ENTRY FORM--DUE DECEMBER 1ST, 2019

| | | |
|------------------------|-------------------|--------------------|
| 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 Team Entries | @ \$50 each = | | \$ |
| Late Fee-after 12/1/19 | # X \$25 per entry | | \$ |
| Check Payable to Texas Shootout: | | | \$ |
| Mail to P O Box 548, Buda, TX 78610-0548 | | | |

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: The Texas Shootout, P O Box 548, Buda, Texas 78610-0548