

Women's USAG Entry Form JANUARY 12TH – 14TH 2018

Dawn Coffey, Meet Director e-mail: dacoffey@optonline.com

Registration Deadline: November 25th 2017-----scratch December 12th 2017

Team Name:			USAG Club #:			
Addre	SS:					
City:		State:	Zip:	Phone #	<u></u>	
Fax #_						
Coach's Name			Gym Contact:			
Coach's NameUSAG Pro Member #			e-mail Address	<u></u>		
Pro M	ember Expiration Date					
Safety	Certification Exp. Date	e				
	FIRST NAME	LAST NAME	USAG#	LEVEL	DATE OF BIRTH	
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All fee	es must accompany enti	ry form: Level 2-5			_x \$70 =	
			x \$75 =			
	Tea	am Fee (3+ members) 2	3 4 5 6 7 8 9 (circle all that apply)		el =	

Total Entry Fee



Team	Name:		USAIGC Club #:			
Address: City: Eav # State:						
City:_		State:	Zip:	Phone #_		
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Coach s Name			Gym Contact:			
USAG Pro Member #			e-mail Address:			
Pro M	ember Expiration Date					
Safety	Certification Exp. Date	e				
	FIRST NAME	LAST NAME	USAIGC #	LEVEL	DATE OF BIRTH	
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			Total En	try Fee =	=	