



2007 Nor-Cal Level 7 State Gymnastics Championships Meet Entry Form

Club Name: _____ USAG Club #: _____

Address: _____ City: _____ Zip: _____

Phone #: _____ Fax #: _____ E-Mail: _____

Coaches Attending

Name: _____ USAG: _____ Safety Exp.: _____

Name: _____ USAG: _____ Safety Exp.: _____

Name: _____ USAG: _____ Safety Exp.: _____

#	Name (please print clearly)	Birthdate	USAG #	T-Shirt yes/no	Size	Sweatshirt Yes/No	Size
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

Number of Gymnasts attending _____ x \$80.00= \$ _____

Number of T-shirts Ordered _____ x \$14.00= \$ _____

Number of Sweatshirts Ordered _____ x \$35.00= \$ _____

Please make check payable to: **Champion Gymnastics Meet**
1163 E. March Lane, Suite D (PMB 712)
Stockton, CA 95210