



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	Birthdate	USAG #	Level
1				
2				
3				
4				
5				
6				
7				
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9				
10				
11				
12				
13				
14				
15				
16				
17				
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20				

Optional Gymnasts _____ x \$90.00= \$ _____
 Hold your spot with a \$100 deposit due no later than November 1st
 Final Entries and Payment due no Later than December 1st
 \$10 late fee per gymnast after December 1st

Please make check payable to:
Champion Gymnastics Meet- 1163 E. March Lane, Suite D (PMB 712)- Stockton, CA 95210
jenshipman@yahoo.com; Fax (209)464-5393