

TEAM REGISTRATION FORM



Registration Deadline: October 17, 2014

Schedule Posted: October 24, 2014

*Make checks payable to: USASP

*Mail form and fees To: Flip for Autism Awareness
P.O. Box 29185, Indianapolis, IN 46229

*Entry form may be faxed to 317.891.8226 or email to
lbarclay@usasportsproduction.com

*Registration Fees: Level 1-2 - \$50.00/Level 3-5 - \$65.00
Xcel - \$65.00/Level 6-10 - \$80.00

Club: _____ USAG Club # _____ Phone: _____

Contact Name: _____ Email: _____

Address: _____

Coach: _____ USAG# _____ Safety _____ BG _____

Coach: _____ USAG# _____ Safety _____ BG _____

Coach: _____ USAG# _____ Safety _____ BG _____

Team Registration: Level 1 Level 2 Level 3 Level 4 Level 5

\$45.00 Team Fee Xcel Bronze Xcel Silver Xcel Gold Xcel Platinum

Xcel Diamond Level 6 Level 7 Level 8 Level 9 Level 10

	Gymnast Name	USAG #	Level	Age	Birth Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

FOR QUESTIONS CONTACT LINDA BY EMAIL TO [LBARCLAY@USASPORTSPRODUCTION.COM](mailto:lbarclay@usasportsproduction.com).