

2012 Level 6 States

April 14 & 15, 2012

TEAM NAME _____ USAG CLUB ID# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ FAX # _____ E-MAIL _____

COACH(ES) NAME **USAG# (Required)** **SAFETY CERT EXP DATE**

_____	_____	_____
_____	_____	_____
_____	_____	_____

All coaches must have USAG# and Safety Certification Expiration Date.

Please list additional coaches on separate page.

* List additional gymnasts on separate page.

<u>COMPETITOR NAME</u>	<u>USAG #</u>	<u>LEVEL *</u>	<u>AGE</u>	<u>DATE OF BIRTH</u>	<u>US CITIZEN Y/N</u>	<u>PETITION PENDING Y/N</u>
1.						
2.						
3.						
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6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						

Total # of Level 6 Gymnasts _____ X \$70.00 = _____
Team Fee _____ X \$50.00 = _____

Checks payable to:
C.B. Gym Club, Attn: Cindy McKeivitt, 929 North Easton Road, Doylestown, PA 18902