

REGION 8 USA GYMNASTICS REGIONAL MEET ENTRY FORM

Please Check One Level [Separate sheet for each level]

LEVEL 8 Regionals
 LEVEL 9 Regionals
 LEVEL 10 Regionals

TEAM NAME _____

ADDRESS _____

PHONE # GYM _____ HOME _____

FAX # _____ E-MAIL: _____ @ _____

List **ALL** coaches attending Regional competition:

NAME	USAG#	SAFETY EXPIRATION DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I give my permission for the above information to be used in the Region 8 Address book.

_____ Signature

COMPETITOR NAME (Last Name, First Name)	ATHLETE REGISTRATION	DATE OF BIRTH MM/DD/YYYY	GRADUATING SENIOR	U.S. CITIZEN?
1. _____	_____	_____	Y ___ N ___	Y ___ N ___
2. _____	_____	_____	Y ___ N ___	Y ___ N ___
3. _____	_____	_____	Y ___ N ___	Y ___ N ___
4. _____	_____	_____	Y ___ N ___	Y ___ N ___
5. _____	_____	_____	Y ___ N ___	Y ___ N ___
6. _____	_____	_____	Y ___ N ___	Y ___ N ___
7. _____	_____	_____	Y ___ N ___	Y ___ N ___
8. _____	_____	_____	Y ___ N ___	Y ___ N ___
9. _____	_____	_____	Y ___ N ___	Y ___ N ___
10. _____	_____	_____	Y ___ N ___	Y ___ N ___

PETITIONS: MUST fill out separate forms and separate check must be received by MARIAN DYKES, RTCC, by **WEDNESDAY**.

1. _____	_____	_____	Y ___ N ___	Y ___ N ___
2. _____	_____	_____	Y ___ N ___	Y ___ N ___
3. _____	_____	_____	Y ___ N ___	Y ___ N ___
4. _____	_____	_____	Y ___ N ___	Y ___ N ___

TOTAL NUMBER OF ENTRIES : _____ X \$85.00 Level 8, 9 & 10 CHECK FOR \$ _____ ENCLOSED.

TOTAL NUMBER OF PETITIONS: _____ x \$85.00 LEVEL 9 & 10 CHECK FOR \$ _____ SENT TO RTCC

MAKE CHECKS PAYABLE TO MEET DIRECTOR - as instructed in meet information.

GIVE TO STATE ADMINISTRATIVE CHAIRMAN AT STATE CHAMPIONSHIPS

SEPARATE SHEET FOR EACH LEVEL