USAG South Carolina State Meet Entry Form

TEAM NAME:_____**PHONE:**_____

ADDRESS:_____

PHONE:_____ **FAX:** _____ **EMAIL:**_____

USAG CLUB #:_____

COACH 'S NAME **USAG#** **SAFETY EXP DATE**

_____

_____

_____

_____

Please use a separate form per level – Complete all columns

Athlete Name	USAG #	Birth Date	Level

Total Number of Entries: _____ X $ _____ = $_____

Team Fee: $30.00 (PO only) $ _____

TOTAL $ _____ CK# _____

Please make checks payable to: **Kozeev's World of Gymnastics**