

Chow's Challenge 2020 Entry Form

Meet Name: _____	Competition Level: _____	Date: _____
Attending Clubs Name: _____	USAG Club # _____	Texas Club # _____
Street Address: _____	Phone # _____	
City: _____	State: _____	Zip: _____ Fax #: _____

Attending Coach	USAG #	USAG Exp	Safety Exp	Background Exp

	First Name (typed)	Last Name (typed)	Level	USAG #	DOB
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

20

20

Meet Director's Use	
Date Rec'd:	
Check # :	
Amount:	
Short / Over:	

Comp. Lvl 1-5/Xcel X \$95 Entry Fee =	\$
Optional Lvl 6-10 X \$135 Entry Fee =	\$
Small Team Entries @ \$40 each =	\$
Large Team Entries @ \$40 each =	\$
Late fees @ \$25.00 per gymnast =	\$
TOTAL ENCLOSED:	\$

I understand that this form MUST be in type written form and that I am responsible for the correctness of names, USAG numbers, levels DOB and other information required on this form. I understand that I am required to pay the \$25 per athlete late fee prior to my athletes competing if Entry Form is received after the Entry Deadline.

Contact Coaches Name(typed):		Cell Phone # (Required)	
Contact Coaches Email Address:		Signature:	