

SO CAL USAG OFFICIAL ENTRY FORM 2009-2010

CLUB/TEAM: _____ CONTACT: _____

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Official Team name for ProScore (max. 20 characters)

USAG Club #: _____ Contact E-MAIL: _____

ADDRESS: _____ PHONE _____

CITY: _____ STATE: _____ ZIP: _____ FAX: _____

COACHES	USAG #	SAFETY EXP.
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____

#	Athlete Name: please print clearly!	USAG Athlete #	D.O.B.	Age	Level	Leotard Size
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

*Use additional page for more athletes

NUMBER OF ENTRIES @ \$ _____ = _____

TEAM ENTRY: 4 5 6 7 8 9 10 @ \$ _____ = _____

TOTAL: \$ _____

Late entries will only be accepted at the discretion of meet director and are subject to a late fee.