WOMEN'S MEET ENTRY FORM

CLUB NAME: _____ **CLUB USAG#:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CLUB PHONE: _____ **ALT. PHONE:** _____

EMAIL: _____ **LEVEL OF GYMNASTS:** _____

PLEASE USE ONE FORM FOR EACH LEVEL! If the Gymnasts USAG/AAU Number is pending, write "pending" in the space provided and email it to us ASAP!

GYMNAST NAME	USAG/AAU #	BIRTHDAY	AGE	GK LEOTARD SIZE

COACH NAME	USAG #	USAG # EXP. DATE	SAFETY CERT.	AAU #

ENTRY DEADLINE:

TUESDAY, JANUARY 3RD!

TOTAL # OF GYMNASTS	ENTRY FEES	TOTAL
	X $100.00 (LEVELS 1 - 5)	
	X $115.00 (L 6-10, XCEL, LADIES)	
	X $60.00 (TEAM)	

TOTAL: _____

CHECKS PAYABLE TO: BAYSIDE SPORTS ACADEMY

DELIVER TO: BAYSIDE SPORTS ACADEMY • 4400 34TH ST N • SUITE E • ST. PETERSBURG, FL 33714

ALL HANDSTANDS ON DECK INVITATIONAL