



"Tricks & Treats" Gymnastics Meet

Registration Form

Saturday, October 17th & Sunday, October 18th, 2009

Level 4,5 & 6 *non-qualifier*

CLUB/TEAM: _____

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Official Team Name for ProScore (max. 20 characters)

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USAG Club #

Contact Name: _____

Address: _____ Phone: _____

City: _____ Zip: _____ FAX: _____

Email: _____

COACHES _____ USAG# _____ SAFETY EXP. _____

1. _____

2. _____

3. _____

Athlete Name	USAG Athlete #	D.O.B.	Age	Level
1.				
2.				
3.				
4.				
5.				
5.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				

Late entries accepted at the discretion of the meet director, and must be received by Oct. 5th, please add a \$10 late fee.

NUMBER OF PARTICIPANTS: _____ x \$45.00 = \$ _____

TEAM ENTRY/ENTRIES _____ x \$55.00 = \$ _____

TOTAL ENCLOSED: \$ _____

MAKE CHECKS PAYABLE TO:

Oceanside Gymnastics
 1935 Avenida del Oro, Suite A, Oceanside, CA 92056
 Phone: 760-941-0202 FAX: 760-941-0909