

OFFICIAL TEXAS JUDGES CUP ENTRY FORM

Select Site: West Texas DFW Austin/San Antonio Houston

| | | | | | |
|---|--------------------------|---|------------------------|----------------------|-----------------|
| Meet Name: 2018 Texas Judges Cup | | Competition Level: 1, 2, 3A, 3P, 4A, 4P, 5A, 5P | | | |
| Date: September 28 – 30, 2018 | | USAG # | | Texas Club # | |
| Club Name: | | | | Club Ph# | |
| Address: | | | | Fax # | |
| City: | | Zip: | | Club Email: | |
| Attending Coach(es) | | USAG# / Exp Date | Safety Exp Date | Bkgd Exp Date | |
| | | / | | | |
| | | / | | | |
| | | / | | | |
| | | / | | | |
| | JC Team | Gymnast Name (typed) Separate Page for Each Level | USAG # | Level | Birthday |
| 1 | <input type="checkbox"/> | | | | |
| 2 | <input type="checkbox"/> | | | | |
| 3 | <input type="checkbox"/> | | | | |
| 4 | <input type="checkbox"/> | | | | |
| 5 | <input type="checkbox"/> | | | | |
| 6 | <input type="checkbox"/> | | | | |
| 7 | <input type="checkbox"/> | | | | |
| 8 | <input type="checkbox"/> | | | | |
| 9 | <input type="checkbox"/> | | | | |
| 10 | <input type="checkbox"/> | | | | |
| 11 | <input type="checkbox"/> | | | | |
| 12 | <input type="checkbox"/> | | | | |
| 13 | <input type="checkbox"/> | | | | |
| 14 | <input type="checkbox"/> | | | | |
| 15 | <input type="checkbox"/> | | | | |

Meet Director Use

| | |
|-------------------|----|
| Date Rec'd | |
| Check # | |
| Amount | \$ |
| Short/Over | |

| | |
|--|----|
| ___ Gymnasts x \$65 entry fee = | \$ |
| ___ Small Team Entries @ \$40 = | \$ |
| ___ Medium Team Entries @ \$40 = | \$ |
| ___ Large Team Entries @ \$40 = | \$ |
| ___ Judges Cup Team @ \$40 (designate 6 Athletes) | \$ |
| (minimum of 2 teams req'd to hold team competition for that level) | |
| TOTAL ENCLOSED | |
| | \$ |

I acknowledge that I am familiar with the USAG Rules & Policies and with the Texas USAG directives for each level. I have read and understand all information pertaining to this meet. I understand that I am responsible for the correctness of names, ages, birth dates, USAG numbers and levels of the gymnasts I know that all coaches on the floor and I must have a current pro and safety certification card at all Times.

Contact Person: _____ Signature: _____

Contact Phone # _____ Contact Email: _____