

Level 6 Western Pennsylvania Sectionals

April 24 and 25, 2010

Entry Form for Level 6

(Please type or print clearly)

Team Name: _____ Gym Phone: _____

Address: _____ Gym Fax: _____

E-Mail Address: _____

Coach: _____ USAG # _____ Safety Cert Exp. Date _____

Coach: _____ USAG # _____ Safety Cert Exp. Date _____

Coach: _____ USAG # _____ Safety Cert Exp. Date _____

Coach: _____ USAG # _____ Safety Cert Exp. Date _____

COMPETITOR NAME	USAG#	LEVEL	AGE	DOB
1		6		
2		6		
3		6		
4		6		
5		6		
6		6		
7		6		
8		6		
9		6		
10		6		
11		6		
12		6		
13		6		
14		6		
15		6		
16		6		
17		6		
18		6		

_____ Gymnast(s) Entry at \$55.00 = \$ _____ Make checks payable to: X-Cel Gymnastics Parent Organization
 TEAM FEE at \$50.00 \$ _____ 220 Executive Drive
 TOTAL AMOUNT ENCLOSED: \$ _____ Cranberry Twp, PA 16066

Please make sure your e-mail address or fax number is listed on the entry form. This will ensure that you receive a roster and session schedule prior to the meet.

