



Sanctioned Meet Entry Form

Name of Meet: Dream, Hope, Believe '12 Fall in Love with Gymnastics
 Date: March 3/4, 2012 Member Club USAG # _____
 Team Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 E-mail Address: _____

Coach Name: _____ USAG# _____
 Coach Name: _____ USAG# _____
 Coach Name: _____ USAG# _____
 Coach Name: _____ USAG# _____
 Coach Name: _____ USAG# _____
 Coach Name: _____ USAG# _____
 Coach Name: _____ USAG# _____

Gymnast Name	USAG #	Level	Age	Date of Birth	T-shirt Size
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

of Level 3 Gymnasts _____ x \$40 each = _____
 # of Level 4-6 & Prep Op Gymnasts _____ x \$55 each = _____
 # of Level 7-10 Gymnasts _____ x \$75 each = _____
 # of Team Entries _____ x \$50 each = _____
 Overall Team Entry (Y/N) _____ @ \$60 = _____
 Total All Lines = _____

Checks payable to A Plus Gymnastics Center
 9625 E 150th St Suite 104
 Noblesville IN 46060

Questions?? Call 317-773-7266 or email customerservice@aplusgymnastics.com

Entry may be faxed to 317-773-8966