



Sanctioned Meet Entry Form

Name of Meet: Tournament of Champions '12 Date: March 3/4, 2012
 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# _____

Gymnast Name	USAG #	Level	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 Compulsory Gymnasts _____ x \$60 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