



# Non-Sanctioned Meet Entry Form

Name of Meet: **State Meet**

Date: \_\_\_\_\_

Team Name:

Phone:

Team Address:

City:

State:

Zip:

E-mail Address: \_\_\_\_\_

Coach(s) Name: \_\_\_\_\_

Gymnast Name	Level	Age	Date of Birth	Leotard Size (for State Meet Only)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

# of Gymnasts \_\_\_\_\_ x \$80 each (includes state meet item such as leo) = \$ \_\_\_\_\_

Late Entry Fees \_\_\_\_\_ x \$10 per gymnast = \$ \_\_\_\_\_

# of Team Entries per Level \_\_\_\_\_ x \$55 each = \$ \_\_\_\_\_

