

Arnold Gymnastics Challenge Competition Entry Form

Team Name _____ Club # _____

Address _____

City _____ State _____ Zip Code _____

Phone # () _____ Fax # () _____

E-mail _____

Coach(es) Name (please print clearly)	USAG Number	Safety Cert Exp Date (MM/DD/YY)

Gymnast Name (please print clearly)	M/F	Level	USAG Number	Date of Birth (MM/DD/YY)	Age	US Citizen? (Y/N)	T-Shirt Size (AS,AM,AL)
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
13)							
14)							
15)							

Gymnast Entry Fees:

<p>Women:</p> <p>Level 3 @ \$65 x _____ = _____</p> <p>Level 4 @ \$95 x _____ = _____</p> <p>Level 5 @ \$95 x _____ = _____</p> <p>Level 6 @ \$105 x _____ = _____</p> <p>Level 7 @ \$105 x _____ = _____</p> <p>Level 8 @ \$105 x _____ = _____</p> <p>Level 9 @ \$105 x _____ = _____</p> <p>Level 10 @ \$105 x _____ = _____</p> <p>Prep-Op @ \$65 x _____ = _____</p> <p>Gymnast Total: _____ = _____</p>	<p>Men:</p> <p>Level 4 @ \$75 x _____ = _____</p> <p>Level 5 @ \$75 x _____ = _____</p> <p>Level 6 @ \$75 x _____ = _____</p> <p>Level 7 @ \$85 x _____ = _____</p> <p>Level 8 @ \$85 x _____ = _____</p> <p>Level 9 @ \$85 x _____ = _____</p> <p>Level 10 @ \$85 x _____ = _____</p> <p>Gymnast Total: _____ = _____</p>
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Team Entry Fees:

Women (\$60 ea) 3 4 5 6 7 8 9 10 Total = _____

Prep Op (\$60 ea) B S G P

Men (\$60 ea) 4 5 6 7 8 9 10 Total = _____