XCEL INDIVIDUAL COMPETITION ENTRY FORM

Event: _____ Date: _____

Team Name: _____ Club #: _____

Name of Club: _____ Head Coach: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Email: _____

LIST ALL COACHES ATTENDING COMPETITION:

NAME:	USA GYM PRO MEMBERSHIP NO:	SAFETY CERTIFICATION EXP: (REQUIRED FOR STATE AND ABOVE)	BACKGROUND EXP: (REQUIRED FOR STATE AND ABOVE)	U100 COMPLETION

PARTICIPANTS:

NAME:	USAG#	*LEVEL*	FLOOR	ROPE	HOOP	BALL	CLUBS	RIBBON	# X $25 =

TOTAL NUMBER OF PARTICIPANTS: _____

TOTAL ENTRY DUE: $_____