

REGION 8 USA GYMNASTICS REGIONAL MEET ENTRY FORM

Please Check One Level [Separate sheet for each level]

PO Bronze
 PO Silver
 PO Gold
 PO Platinum
 PO Open

TEAM NAME _____ USAG Club # _____

ADDRESS _____

PREFERRED CONTACT PERSON _____ PHONE _____

E-MAIL: _____

List **ALL** coaches attending Regional competition:

NAME	USAG# & EXP. DATE	SAFETY EXP. DATE	BACKGROUND EXP. DATE

COMPETITOR NAME (Last Name, First Name)	ATHLETE REGISTRATION	DATE OF BIRTH MM/DD/YYYY	GRADUATING SENIOR
1			Y N
2			Y N
3			Y N
4			Y N
5			Y N
6			Y N
7			Y N
8			Y N
9			Y N
10			Y N
11			Y N
12			Y N
13			Y N
14			Y N
15			Y N

If a non-citizen athlete places in the top four (4) AA at JO Nationals, she will receive the award for her All-Around placement; however, she is not eligible to become a member of the US JO National Team. In this instance, the next US citizen in rank order will be placed on the JO National Team.

TOTAL NUMBER OF ENTRIES : _____ X \$90.00 PO

CHECK FOR \$ _____ ENCLOSED.

MAKE CHECKS PAYABLE TO: Piedmont Gymnastics Organization, P.O. Box 78721, Charlotte, NC, 28271-7040, Attn: Cindi Glenn

SEPARATE SHEET FOR EACH PREP Opt Division