

# CHRISTMAS on the CHESAPEAKE 2017 USAG 3-10 ENTRY

*Friday 12/8/2017 to Sunday 12/10/2017*

NAME OF MEET: Christmas on the Chesapeake DATE: 12/8/2017  
 TEAM NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 TEAM ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Primary E-Mail: \_\_\_\_\_ CLUB # \_\_\_\_\_



Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 COACH(S) NAME: \_\_\_\_\_ USAG # \_\_\_\_\_ SAFETY CERT. EXPIRATION DATE: \_\_\_\_\_  
 COACH(S) NAME: \_\_\_\_\_ USAG # \_\_\_\_\_ SAFETY CERT. EXPIRATION DATE: \_\_\_\_\_  
 COACH(S) NAME: \_\_\_\_\_ USAG # \_\_\_\_\_ SAFETY CERT. EXPIRATION DATE: \_\_\_\_\_  
 COACH(S) NAME: \_\_\_\_\_ USAG # \_\_\_\_\_ SAFETY CERT. EXPIRATION DATE: \_\_\_\_\_

COMPETITOR NAME	ATHLETE USAG #	LEVEL	DATE OF BIRTH	LEOTARD SIZE
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				

Level	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8	Level 9	Level 10/Open
Numbers								
Team Enter 1 or 0								

Total Number of Compulsory Gymnasts: 0 X \$ 105.00 \_\_\_\_\_  
 Total Number of Optional Gymnasts: 0 X \$ 130.00 \_\_\_\_\_  
 Total Number of Teams: 0 X \$ 60.00 \_\_\_\_\_

(4 or more gymnasts / level automatically entered as team) **TOTAL:** \$ -

Mail Entry to: **Maryland Gymnastics**  
**C/O Christmas on the Chesapeake**  
**PO Box 814**  
**Millersville, Maryland 21108**

\* Age will be determined by meet date:  
**Duplicate this entry form as necessary.**