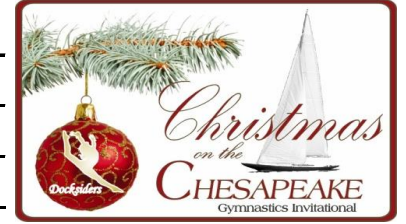


CHRISTMAS on the CHESAPEAKE 2018 USAG 3-10 ENTRY

Friday 12/14/2018 to Sunday 12/16/2018

NAME OF MEET: Christmas on the Chesapeake DATE: 12/14/2018
 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.