



MEET ENTRY FORM

State Championships
March 19-20, 2016

Club Name _____ USAG Club Number _____
 Phone _____
 Address _____
 City _____ State _____ Zip _____
 Contact Name _____ Contact Email _____

Coach	USAG pro #	Pro # Expiration	Safety Cert. Ex.	Background Check	U100 Course

Gymnast Name	Level	USAG #	Birthdate	Age as of Sept. 1 st 2015

Total # of Level 4 Gymnasts _____ x \$80 = _____
 Total # of Level 5-7 Gymnasts _____ x \$90 = _____
 Total # of Level 8-10 Gymnasts _____ x \$100 = _____
 Total # of Elite Gymnasts _____ x \$115 = _____

Mail Entries to: Jeanna Letzring
 2600 Campus Drive, Plymouth, MN 55441
 Deadline: postmarked by Feb. 1, 2016

Please circle teams entered:

Level 4 Level 5 Level 6 Level 7 Level 8 Level 9 Level 10

Total # of teams _____ x \$75 = _____

Total Payment due \$ _____ ****Please make checks payable to Mini-Hops Booster Club****