



## Meet Entry Form

Saturday, May 22 & Sunday May 23, 2010  
Level 4, 5, & 6

CLUB/TEAM: \_\_\_\_\_

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Official Team Name for ProScore (max. 20 characters)

USAG Club #

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

COACHES	USAG#	SAFETY EXP.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Athlete Name	USAG Athlete #	D.O.B.	Age	Level
1.				
2.				
3.				
4.				
5.				
5.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

NUMBER OF PARTICIPANTS: \_\_\_\_\_ x \$45.00 = \$ \_\_\_\_\_

TEAM ENTRY/ENTRIES \_\_\_\_\_ x \$50.00 = \$ \_\_\_\_\_

MAKE CHECKS PAYABLE TO: Club Champion Boosters  
145 Vista Ave., Suite 108 Pasadena, CA 91107  
Phone: 626-577-4496 FAX: 626-577-2597