Club Champion PRESENTS PASADENA CLASSIC Gymnastics Competition

Meet Entry Form

Saturday, May 30 & Sunday May 31, 2009

Level 4, 5, & 6

CLUB/TEAM: ____

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: 626-577-2679