

65 Roses Classic 2020 Entry Form

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|---|--------------------------|-------------------------|
| Meet Name: <i>65 Roses Classic 2020</i> | Competition Level: _____ | Date: _____ |
| Attending Clubs Name: _____ | USAG Club # _____ | Texas Club # _____ |
| Street Address: _____ | Phone # _____ | |
| City: _____ | State: _____ | Zip: _____ Fax #: _____ |

| Attending Coach | USAG # | USAG Exp | Safety Exp | Background Exp |
|-----------------|--------|----------|------------|----------------|
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| | First Name (typed) | Last Name (typed) | Level | USAG # | DOB | Event Specialist (List Events) |
|----|--------------------|-------------------|-------|--------|-----|-----------------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |

| Meet Director's Use | |
|---------------------|--|
| Date Rec'd: | |
| Check # : | |
| Amount: | |
| Short / Over: | |

| | |
|--|-----------|
| Compulsory 1-2 X \$75 Entry Fee = | \$ |
| Compulsory 3-5 & Xcel X \$90 Entry Fee = | \$ |
| Optional 6-10 X \$110 Entry Fee = | \$ |
| Level _____ Team X \$55 Entry Fee = | \$ |
| TOTAL ENCLOSED: | \$ |

I understand that this form **MUST** be in type written form and that I am responsible for the correctness of names, USAG numbers, levels, DOB, age groups and other information required on this form. I understand that I am required to pay the \$25 per athlete late fee prior to my athletes competing if Entry Form is received after the Entry Deadline. Checks should be payable to AAGL.

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|--------------------------------|--|-------------------------|--|
| Contact Coaches Name (typed): | | Cell Phone # (Required) | |
| Contact Coaches Email Address: | | Signature: | |