

2012 Official Metroplex Challenge Women's USAG Entry Form

Attending Clubs Name: _____	USAG Club # _____
Street Address: _____	Phone # _____
City: _____	State: _____ Zip: _____ Fax #: _____

Attending Coach	USAG #	USAG Exp	Safety Exp	Bkgd Exp

Separate sheet per level requested - List by D.O.B

	Typed Name First/Last Name	Level	USAG #	DOB
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

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

L 2-6 Entries X \$ 85.00 Entry Fee =	\$
L 7-10 Entries X \$ 105.00Entry Fee =	\$
Team Entries @ \$50.00 Each =	\$
TOTAL Enclosed:	\$

Circle Team entry Level: 2 3 4 5 6 7 8 9 10

Contact Coaches Name: _____ Cell phone number – (required) _____

Typed Name: _____ Signature: _____

Contact E-mail Address _____