



TEAM REGISTRATION FORM

Registration Deadline: February 5, 2010

Make checks payable to: National Gymnastics Challenge
 Mail form and fees to: Linda Barclay, Attn: NGC-2010
 P.O. Box 29185, Indianapolis, IN 46229
 Phone: (317) 891-8260 Fax: (317) 891-8226
 Email: info@nationalgymnasticschallenge.com

TEAM AND CONTACT INFORMATION

Team Name:			Contact Name:		
Team Address:			Contact's Email Address:		
City:	State:	Zip:	Home Phone:	Work Phone:	
Team Phone:		Team Fax:	Cell Phone:	USAG Club Number:	

CALCULATION OF REGISTRATION FEES DUE

COMPETITION LEVELS	NUMBER PER LEVEL	ENTRY FEE	ENTRY FEE DUE PER LEVEL	TEAM ENTRY	TEAM FEE	TOTAL DUE PER LEVEL
LEVEL 2 AAU		x \$55.00		+ \$45.00		
LEVEL 3 AAU/USAG		x \$55.00		+ \$45.00		
LEVEL 4 AAU/USAG		x \$65.00		+ \$45.00		
LEVEL 5 AAU/USAG		x \$65.00		+ \$45.00		
LEVEL 6 AAU/USAG		x \$65.00		+ \$45.00		
PREP OP AAU/USAG		x \$90.00		+ \$45.00		
LEVEL 7		x \$90.00		+ \$45.00		
LEVEL 8		x \$90.00		+ \$45.00		
LEVEL 9		x \$90.00		+ \$45.00		
LEVEL 10/OPEN		x \$90.00		+ \$45.00		
TOTAL DUE						
FOR CREDIT CARD PAYMENTS ONLY						
Add 3% service charge Total Due						X .03 =
					TOTAL DUE WITH CC SERVICE CHARGE	\$
LATE FEE				Payment received after February 5, 2010	\$10.00 per gymnast	
TOTAL DUE WITH FEES						

METHOD OF PAYMENT

<input type="checkbox"/>	Check or Money Order Enclosed (payable to National Challenge) in amount of	\$ _____
<input type="checkbox"/>	Credit Card - VISA/MasterCard/Discover/American Express	
	Card Number: _____	Expiration Date: _____ Security Code: _____
	Address of Cardholder (Where statement sent): _____	
	City/State/Zip: _____	
	Name of Cardholder: _____	
	I authorize USA Sports Production to charge my credit card in the amount of	\$ _____
	Cardholder Signature _____	

REFUND POLICY: Full Refund - If cancelled in writing by February 12, 2010
NO Refund - If cancelled after February 12, 2010



NATIONAL GYMNASTICS CHALLENGE TEAM ROSTER

- Please submit team roster by email if possible to info@nationalgymnasticschallenge.com
- May submit your own list if all requested information below included
- If using form please type or use block letter printing to complete
- Submit Team Roster with Registration Form
- Forms may be faxed to 317.891.8226

Club: _____ USAG Club Number _____

Coach: _____ USAG# _____ Safety _____ AAU# _____

Coach: _____ USAG# _____ Safety _____ AAU# _____

	Gymnast Name	USAG #	Level	Birth Date
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