



# TEAM REGISTRATION FORM

Registration Deadline: February 4, 2011

Make checks payable to: National Gymnastics Challenge  
 Mail form and fees to: Linda Barclay, Attn: NGC-2011  
 P.O. Box 29185, Indianapolis, IN 46229  
 Phone: (317) 891-8260 Fax: (317) 891-8226  
 Email: [info@nationalgymnasticschallenge.com](mailto: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		
<b>TOTAL DUE</b>						
FOR CREDIT CARD PAYMENTS ONLY						
Add 3% service charge Total Due						X .03 =
<b>TOTAL DUE WITH CC SERVICE CHARGE</b>						<b>\$</b>
<b>LATE FEE</b>	Payment received after February 4, 2011			\$10.00 per gymnast		
<b>TOTAL DUE WITH FEES</b>						

## 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 9, 2011**  
**NO Refund - If cancelled after February 9, 2011**



# NATIONAL GYMNASTICS CHALLENGE TEAM ROSTER

- Please submit team roster by email if possible to [info@nationalgymnasticschallenge.com](mailto: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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