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ILLINOIS ENTRY FORM – SECTIONAL & STATE MEETS

THIS FORM MUST BE TYPED OR COMPUTER GENERATED

Meet Date _____ **Sectional**: NE ☐ NW ☐ SO ☐ **State** ☐ Club No. _____

Team _____ Phone _____

Address _____ Email _____

City _____ Zip _____ FAX _____

Coach:	Pro No:	Exp:	Safety Exp:
Coach:	Pro No:	Exp:	Safety Exp:
Coach:	Pro No:	Exp:	Safety Exp:
Coach:	Pro No:	Exp:	Safety Exp:

Competitor Name	USAG No.	Level	Date of Birth	Age*	Date & Place Qualified	Amt Paid

*** Determined by age gymnast is at the culminating meet for her level, i.e., Level 5-7= State, Level 8= Regional, Level 9/10=Natl**

Clubs are FINANCIALLY RESPONSIBLE for all gymnasts entered in these competitions.

ENTRY DEADLINE DISCOUNTS

A $20.00 PER GYMNAST discount may be applied for all entries received ***on or before the DEADLINE*.**

TEAM ENTRIES – 2002 CHANGES

There will be NO charge for TEAM ENTRIES. ***All Teams will be entered AUTOMATICALLY.***

I hereby acknowledge all rules and regulations handed down by USA Gymnastics and the State Director. I have read and understand all information pertaining to this meet. This entry form contains all the proper names, ages, USAG numbers and legal levels.

This form was prepared and filled out by: _____ *Phone* _____