Level 4 & 5 SPRING STATE CHAMPIONSHIP - ENTRY FORM

Send to Halker's Gold - 310 Birch St. - Col. Grove, OH 45830

Team Name:

Gym Address: **City:** **State:** **Zip:**

Gym Phone #: **Gym Fax:** **E-mail:**

COACHES EMAIL: **TEAM NUMBER:**

Coaches Name: **Coaches USAG #:** **USAG Exp. Date:**

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Coaches Name: **Coaches USAG #:** **USAG Exp. Date:**

_____ # of Level 4 x $60 = _____ # of Level 5 x $60 = $

____# of Teams ea. Lev. $55.00 = $

TOTAL AMOUNT ENCL. $

Name	USAG #	Birthdate	Age	Level	US Citizen	Qualifiying