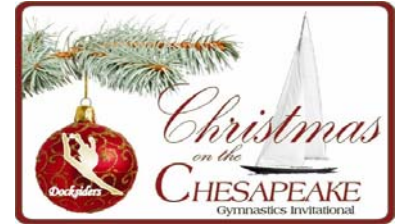


CHRISTMAS on the CHESAPEAKE 2017 USAG XCEL ENTRY

Friday 12/8/2017 to Sunday 12/10/2017

NAME OF MEET: Christmas on the Chesapeake DATE: 12/8/2017
 TEAM NAME: _____ PHONE: _____
 TEAM ADDRESS: _____ FAX: _____
 CITY: _____ STATE: _____ ZIP: _____
 Primary E-Mail: _____ CLUB # _____



Contact Name: _____ Phone: _____ E-Mail: _____

COACH(S) NAME: _____ USAG # _____ SAFETY CERT. EXPIRATION DATE: _____
 COACH(S) NAME: _____ USAG # _____ SAFETY CERT. EXPIRATION DATE: _____
 COACH(S) NAME: _____ USAG # _____ SAFETY CERT. EXPIRATION DATE: _____
 COACH(S) NAME: _____ USAG # _____ SAFETY CERT. EXPIRATION DATE: _____

COMPETITOR NAME	ATHLETE USAG #	LEVEL	DATE OF BIRTH	LEOTARD SIZE
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				

Level	Bronze	Silver	Gold	Platinum	Diamond	
Numbers						
Team Enter 1 or 0						

Total Number of Bronze Gymnasts: 0 X \$ 90.00
 Total Number of Silver - Diamond Gymnasts: 0 X \$ 105.00
 Total Number of Teams: 0 X \$ 60.00
TOTAL: \$ -

Mail Entry to: **Maryland Gymnastics**
C/O Christmas on the Chesapeake
PO Box 814
Millersville, Maryland 21108

*** Age will be determined by meet date:**
Duplicate this entry form as necessary.