



TEAM REGISTRATION FORM

Registration Deadline: November 19, 2010

Make checks payable to: The Cup Men's Invitational

Mail form and fees to: Linda Barclay

P.O. Box 29185, Indianapolis, IN 46229

Phone: (317) 891-8260 Fax: (317) 891-8226

Email: info@usasportsproduction.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 4		x \$60.00		+ \$45.00			
LEVEL 5		x \$60.00		+ \$45.00			
LEVEL 6		x \$60.00		+ \$45.00			
LEVEL 7		x \$75.00		+ \$45.00			
LEVEL 8		x \$75.00		+ \$45.00			
LEVEL 9		x \$75.00		+ \$45.00			
LEVEL 10		x \$75.00		+ \$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 November 19, 2010		\$10.00 per gymnast	
TOTAL DUE WITH FEES							

METHOD OF PAYMENT

<input type="checkbox"/>	Check or Money Order Enclosed (payable to The Cup Men's Invitational) in amount of	\$ _____
<input type="checkbox"/>	Credit Card - VISA/MasterCard/Discover/American Express	
	Card Number:	Expiration Date:
	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 November 24, 2010 / No Refund - If cancelled after November 24, 2010



THE CUP MEN'S TEAM ROSTER

- Submit team roster by email in word or excel format to info@usasportsproduction.com
- Forms may also be faxed to 317.891.8226

Club: _____ USAG Club # _____

Coach: _____ USAG# _____ Safety _____ BG _____
 Coach: _____ USAG# _____ Safety _____ BG _____
 Coach: _____ USAG# _____ Safety _____ BG _____
 Coach: _____ USAG# _____ Safety _____ BG _____

Gymnast Name	USAG #	Level	Birth Date	Sweatshirt Size
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
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20				
21				
22				
23				
24				
25				

FOR QUESTIONS REGARDING REGISTRATION CALL 317.891.8260 OR EMAIL [INFO@USASPORTSPRODUCTION.COM](mailto:info@usasportsproduction.com)