

TEAM REGISTRATION FORM



Registration Deadline: October 29, 2010

Schedule Posted: November 5, 2010

*Make checks payable to: The Flip Zone

*Mail form and fees To: Flip for Autism Awareness
P.O. Box 29185, Indianapolis, IN 46229

*Entry form may be faxed to 317.891.8226 or email to
lbarclay@usasportsproduction.com

*Registration Fees: Level 3 - \$30.00 / Level 4-6 - \$55.00
Prep Op - \$55.00 / Level 7-10 - \$70.00

Club: _____ USAG Club # _____ Phone: _____

Contact Name: _____ Email: _____

Address: _____

Coach: _____ USAG# _____

Coach: _____ USAG# _____

Coach: _____ USAG# _____

Team Registration: Level 3 Level 4 Level 5 Level 6
 PO Bronze PO Silver PO Gold PO Platinum
 Level 7 Level 8 Level 9 Level 10 \$40.00 Team Fee

	Gymnast Name	USAG #	Level	Age	Birth Date
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FOR QUESTIONS CONTACT LINDA AT 317-891-8260 OR EMAIL TO [LBARCLAY@USASPORTSPRODUCTION.COM](mailto:lbarclay@usasportsproduction.com).