

TEAM REGISTRATION FORM

Registration Deadline: October 28, 2011

Schedule Posted: November 4, 2011

*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 2-3 - \$40.00/Level 4-6 - \$55.00
Xcel Prep Op - \$55.00/Level 7-10 - \$70.00



Club: _____ USAG Club # _____ Phone: _____
 Contact Name: _____ Email: _____
 Address: _____

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

Team Registration: Level 2 Level 3 Level 4 Level 5 Level 6
 \$40.00 Team Fee Xcel Bronze Xcel Silver Xcel Gold Xcel Platinum
 Level 7 Level 8 Level 9 Level 10

	Gymnast Name	USAG #	Level	Age	Birth Date
1					
2					
3					
4					
5					
6					
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FOR QUESTIONS CONTACT LINDA AT 317-891-8260 OR EMAIL TO LBARCLAY@USASPORTSPRODUCTION.COM.