



TEAM REGISTRATION FORM

Registration Deadline: December 28, 2011
 Competition Schedule Posted: January 4, 2012

Make checks payable to: National Gymnastics Festival
 Mail form and fees to: Linda Barclay, Attn: NGF-2012
 P.O. Box 29185, Indianapolis, IN 46229
 Phone: (317) 891-8260 Fax: (317) 891-8226
 Email: info@nationalgymnasticsfestival.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 - Men & Women

COMPETITION LEVELS	NUMBER PER LEVEL	ENTRY FEE	ENTRY FEE DUE PER LEVEL	TEAM ENTRY	TEAM FEE	TOTAL DUE PER LEVEL
LEVEL 3 W		x \$55.00		+ \$45.00		
LEVEL 4 W / M		x \$75.00		+ \$45.00		
LEVEL 5 W / M		x \$75.00		+ \$45.00		
LEVEL 6 W / M		x \$75.00		+ \$45.00		
XCEL W		x \$75.00		+ \$45.00		
LEVEL 7 W / M		x \$95.00		+ \$45.00		
LEVEL 8 W / M		x \$95.00		+ \$45.00		
LEVEL 9 W / M		x \$95.00		+ \$45.00		
LEVEL 10 W / M		x \$95.00		+ \$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 December 28, 2012			\$10.00 per gymnast		
TOTAL DUE WITH FEES						

METHOD OF PAYMENT

<input type="checkbox"/>	Check or Money Order Enclosed (payable to National Gymnastic Festival) 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 January 4, 2012 / No Refund - If cancelled after January 4, 2012



2012 NATIONAL GYMNASTICS FESTIVAL TEAM ROSTER

- Submit team roster by email in word or excel format to info@nationalgymnasticsfestival.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
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