2014 COMMONWEALTH CUP NOVEMBER 21-23 2014

SCRATCH/SWAP REFUND DEADLINE: NOVEMBER 1, 2014

Check Payable to: Paragon

Mail to: Paragon
1410 Central Park Blvd
Fredericksburg, VA 22401

Club Name: _____ CLUB USAG #: _____

Club Address: _____ contact email: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact: _____ phone: _____

Coach Name	USAG #	Safety Expiration	Background Expiration

Please include leo size for each gymnast. Gk sizes CXXS, CX, CM, CL, AXS, AS, AM, AL, AXL

	Name	Leo Size	USAG#	Birthdate	Level
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

Meet Director's USE	
Date Received	
Short/Over	

Please use one page per level

# of Level 3 - 5:_____x$110 per gymnast:	
# of Level 6 - 10:_____x$90 per gymnast:	
# of Xcel:_____x$110 per gymnast:	
Total	

I acknowledge that I am familiar with the USAG Rules & Policies. I have read and understand all information pertaining to this meet. I understand that I am responsible for the correct name, birthdates, and USAG numbers of gymnasts. I also certify that all gymnasts are current members of the USAG.

Gym Representative Signature: _____