



**2013 COMMONWEALTH CUP 22 TO 24 NOVEMBER 2013**

**SCRATCH/SWAP REFUND DEADLINE: NOVEMBER 1, 2013**

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 #	Expiration	Safety Expiration	Background Exp

	Name	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	

# of Level 3 - 5: _____ x\$90 per gymnast:	
# of Level 6 - 10: _____ x\$75 per gymnast:	
# of Xcel: _____ x\$90 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: \_\_\_\_\_