**Hopes & elite Competition Entry Form**

Please fax, email, or mail entries to The Academy of Gymnastics (information provided on the bottom of the page)

Make checks payable to “The Academy of Gymnastics”

|  |  |
| --- | --- |
| Club:  | Primary Contact: |
| Address: | Phone #: ( ) - |
| City: | State: | Zip: | Fax #: ( ) - |
| USAG Club #: |  |
| Email: |

**ATHLETE INFORMATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  | **Check what athlete will compete in (&/or both)** |  |
|  | **Athlete First Name** | **Last Name** | **LV****H or E** | **USAG Athlete #** | **D.O.B.** | **Age** | **Comp-****ulsory** | **Opti-onal** | **Entry Fee** |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |

**COACH INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Coaches First Name** | **Last Name** | **USAG Profession #** | **Safety Exp.** | **Background** | **U100 (Y/N)** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

**ATHLETE TOTALS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Competition Levels** | **# of Athletes Per Level** | **Entry Fee** | **Athlete Entry Fee Total** | **Total Due****Per Level** |
| **HOPES – Compulsory** |  | **x** $75 **=** | $ | $ |
| **HOPES – Optional** |  | **x** $125 **=** | $ | $ |
| **ELITE – Compulsory** |  | **x** $75 **=** | $ | $ |
| **ELITE – Optional** |  | **x** $125 **=** | $ | $ |
| **TOTALS** | **#:** |  | **$** | **$** |