

# TEAM REGISTRATION FORM



Registration Deadline: October 29, 2010

Schedule Posted: November 5, 2010

\*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](mailto:lbarclay@usasportsproduction.com)

\*Registration Fees: Level 3 - \$30.00 / Level 4-6 - \$55.00  
Prep Op - \$55.00 / Level 7-10 - \$70.00

Club: \_\_\_\_\_ USAG Club # \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Coach: \_\_\_\_\_ USAG# \_\_\_\_\_

Coach: \_\_\_\_\_ USAG# \_\_\_\_\_

Coach: \_\_\_\_\_ USAG# \_\_\_\_\_

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

|    | Gymnast Name | USAG # | Level | Age | Birth Date |
|----|--------------|--------|-------|-----|------------|
| 1  |              |        |       |     |            |
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| 25 |              |        |       |     |            |

FOR QUESTIONS CONTACT LINDA AT 317-891-8260 OR EMAIL TO [LBARCLAY@USASPORTSPRODUCTION.COM](mailto:LBARCLAY@USASPORTSPRODUCTION.COM).