



TEAM REGISTRATION FORM

Registration Deadline: January 7, 2011

Competition Schedule Posted: January 14, 2011

Make checks payable to: National Gymnastics Festival

Mail form and fees to: Linda Barclay, Attn: NGF-2011

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

COMPETITION LEVELS	NUMBER PER LEVEL	ENTRY FEE	ENTRY FEE DUE PER LEVEL	TEAM ENTRY	TEAM FEE	TOTAL DUE PER LEVEL
LEVEL 3		x \$55.00		+ \$45.00		
LEVEL 4		x \$75.00		+ \$45.00		
LEVEL 5		x \$75.00		+ \$45.00		
LEVEL 6		x \$75.00		+ \$45.00		
PREP OPTIONAL		x \$75.00		+ \$45.00		
LEVEL 7		x \$95.00		+ \$45.00		
LEVEL 8		x \$95.00		+ \$45.00		
LEVEL 9		x \$95.00		+ \$45.00		
LEVEL 10/OPEN		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 January 7, 2011				\$10.00 per gymnast		
TOTAL DUE WITH FEES						

METHOD OF PAYMENT

☐	Check or Money Order Enclosed (payable to National Gymnastic Festival) in amount of \$
☐	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 7, 2011 / No Refund - If cancelled after January 7, 2011



2011 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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3			
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