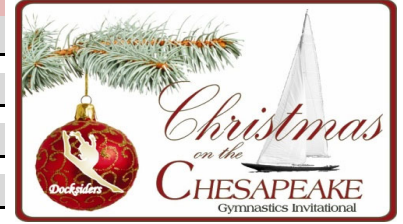


# CHRISTMAS on the CHESAPEAKE 2024 USAG 3-10 ENTRY

*Friday 12/13/2024 to Sunday 12/15/2024*

*(To Fill Out Please Click on Highlited Fields and Tab from Field to Field)*

NAME OF MEET: Christmas on the Chesapeake DATE: \_\_\_\_\_  
 TEAM NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 TEAM ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_



Primary E-Mail: \_\_\_\_\_ CLUB # \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

COACH(S) NAME: \_\_\_\_\_ USAG # \_\_\_\_\_ SAFETY CERT. EXPIRATION DATE: \_\_\_\_\_  
 COACH(S) NAME: \_\_\_\_\_ USAG # \_\_\_\_\_ SAFETY CERT. EXPIRATION DATE: \_\_\_\_\_  
 COACH(S) NAME: \_\_\_\_\_ USAG # \_\_\_\_\_ SAFETY CERT. EXPIRATION DATE: \_\_\_\_\_  
 COACH(S) NAME: \_\_\_\_\_ USAG # \_\_\_\_\_ SAFETY CERT. EXPIRATION DATE: \_\_\_\_\_

	COMPETITOR NAME	ATHLETE USAG #	LEVEL	DATE OF BIRTH	LEOTARD SIZE
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					

Level	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8	Level 9	Level 10/Open
Numbers								
Team Enter 1 or 0								

Total Number of Compulsory Gymnasts: 0 X \$ 130.00 \_\_\_\_\_  
 Total Number of Optional Gymnasts: 0 X \$ 145.00 \_\_\_\_\_  
 Total Number of Teams: 0 X \$ 60.00 \_\_\_\_\_

**(4 or more gymnasts / level automatically entered as team)** TOTAL: \$ \_\_\_\_\_ -

Mail Entry to: **Maryland Gymnastics**  
**C/O Christmas on the Chesapeake**  
**PO Box 814**  
**Millersville, Maryland 21108**

\* Age will be determined by meet date:

*Duplicate this entry form as necessary.*