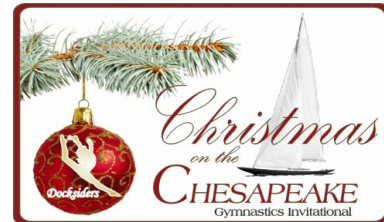


CHRISTMAS on the CHESAPEAKE 2024 USAG XCEL ENTRY

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

(To Fill Out Please Click on Highlighted 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	Bronze	Silver	Gold	Platinum	Diamond	
Numbers						
Team Enter 1 or 0						

Total Number of Bronze / Silver Gymnasts: 0 X \$ **130.00** _____
 Total Number of Gold - Diamond 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.