



TEAM REGISTRATION FORM

Registration Deadline: December 1, 2010

Competition Schedule Posted: December 5, 2010

Make checks payable to: National Judges Cup

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

P.O. Box 29185, Indianapolis, IN 46229

Phone: (317) 891-8260 Fax: (317) 891-8226

Email: info@judgescup.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:	
Out of State Competition Preference: Check One <input type="checkbox"/>			Friday/Saturday <input type="checkbox"/>	Saturday/Sunday <input type="checkbox"/>	

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 \$45.00		+ \$45.00		
LEVEL 4		x \$60.00		+ \$45.00		
LEVEL 5		x \$60.00		+ \$45.00		
LEVEL 6		x \$60.00		+ \$45.00		
PREP OP - Inter/Adv		x \$85.00		+ \$45.00		
LEVEL 7		x \$85.00		+ \$45.00		
LEVEL 7 STATE TEAM		x \$85.00		+ \$45.00		
LEVEL 8		x \$85.00		+ \$45.00		
LEVEL 9		x \$85.00		+ \$45.00		
LEVEL 10/OPEN		x \$85.00		+ \$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 November 15, 2010	\$10.00 per gymnast	
TOTAL DUE WITH FEES						

METHOD OF PAYMENT

<input type="checkbox"/>	Check or Money Order Enclosed (payable to National Judges Cup) in amount of	\$ _____
<input type="checkbox"/>	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 December 4, 2010 / No Refund - If cancelled after December 4, 2010



2011 NATIONAL JUDGES CUP TEAM ROSTER

- Submit team roster by email in word or excel format to info@judgescup.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
1			
2			
3			
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FOR QUESTIONS REGARDING REGISTRATION CALL 317.891.8260 OR EMAIL INFO@JUDGESCUP.COM