



TEAM REGISTRATION FORM

Registration Deadline: December 2, 2011

Competition Schedule Posted: December 7, 2011

Make checks payable to: National Judges Cup

Mail form and fees to: Linda Barclay, Attn: NJC-2012

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:		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 2 / 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		
XCEL B / S / G / P		x \$60.00		+ \$45.00ea		
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 December 2, 2011			\$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 7, 2011 / No Refund - If cancelled after December 7, 2011



2012 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 _____

1	Gymnast Name	USAG #	Level	Birth Date
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