



TEAM REGISTRATION FORM

Registration Deadline: November 20, 2009
 Competition Schedule Posted: December 4, 2009

Make checks payable to: National Judges Cup
 Mail form and fees to: Linda Barclay, Attn: NJC-2010
 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 2 | | x \$45.00 | | + \$45.00 | | |
| 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 - B/S/G/P | | 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 30, 2009 | \$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 _____ | |



2010 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 |
|--------------|--------|-------|------------|
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