

## 2021 Simone Biles Elite Qualifier Entry Form

Attending Clubs Name: _____	USAG Club # _____
Street Address: _____	Phone # _____
City: _____ State: _____ Zip: _____	Email: _____

Attending Coach	USAG #	USAG Exp	Safety Exp	Background Exp

### Athlete Information – Please designate Hope, Jr, or Sr in the Level Category

	First Name	Last Name	Level	USAG #	DOB	Compulsory Y/N	Optional Y/N
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Meet Director's Use	
Date Rec'd:	
Check # :	
Amount:	
Short / Over:	

Gymnast X \$ 75 Compulsory Entry Fee	\$
Gymnast X \$ 125 Optional Entry Fee	
	\$
<b>TOTAL ENCLOSED:</b>	<b>\$</b>

Contact Coaches Name(typed):		Cell Phone # (Required)	
Contact Coaches Email Address:		Signature:	