

Region One Xcel Championships

May 1-3, 2020

Team Name: _____

Team Address: _____

City: _____ State: _____ Zip: _____

Gym Phone: _____ Fax: _____

E-mail: _____ Club # : _____

Coaches Name: _____ Pro# _____ Exp. Date _____ Safety Exp. _____ Background _____

Coaches Name: _____ Pro# _____ Exp. Date _____ Safety Exp. _____ Background _____

Coaches Name: _____ Pro# _____ Exp. Date _____ Safety Exp. _____ Background _____

Level- Indicate by S, G, P, D

Competitor Name	Level	USAG	Date of Birth	State team member?
Type or print		Athlete Number	mm/dd/yy	Y/N
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				
16)				
17)				
18)				
19)				
20)				

Please give this form to your State Chairman at State Championships.

Entry Fees : \$105 per gymnast • Checks should be made payable to Charter Oak Gymnastics

Entry payment preferred on a single club check – NO REFUNDS

FULL PAYMENT ENTRY IS DUE AT STATE MEET

<http://www.CharterOakGym.com/competitions/#Xcel>