



TEAM REGISTRATION FORM

Registration Deadline: November 18, 2011

Make checks payable to: The Cup Men's Invitational

Mail form and fees to: Linda Barclay

P.O. Box 29185, Indianapolis, IN 46229

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

Email: info@usasportsproduction.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:	

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 4		x \$60.00		+ \$45.00		
LEVEL 5		x \$60.00		+ \$45.00		
LEVEL 6		x \$60.00		+ \$45.00		
LEVEL 7		x \$75.00		+ \$45.00		
LEVEL 8		x \$75.00		+ \$45.00		
LEVEL 9		x \$75.00		+ \$45.00		
LEVEL 10		x \$75.00		+ \$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 18, 2011			\$10.00 per gymnast		
TOTAL DUE WITH FEES						

METHOD OF PAYMENT

<input type="checkbox"/>	Check or Money Order Enclosed (payable to The Cup Men's Invitational) 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 November 23, 2011 / No Refund - If cancelled after November 23, 2011



THE CUP MEN'S TEAM ROSTER

- Forms may be submitted by email in word or excel format to info@usasportsproduction.com
- Or Forms may 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	Sweatshirt Size
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
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23				
24				
25				

FOR QUESTIONS REGARDING REGISTRATION CALL 317.891.8260 OR EMAIL [INFO@USASPORTSPRODUCTION.COM](mailto:info@usasportsproduction.com)