



TEAM REGISTRATION FORM

Registration Deadline: February 6, 2009

Competition Schedule Posted: February 13, 2009

Make checks payable to: Purple & Gold Championships

Mail form and fees to: Linda Barclay, Attn: P&G-09

P.O. Box 29185, Indianapolis, IN 46229

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

Email: info@purpleandgold.info

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 1 Non USAG		x \$45.00		+ \$45.00		
LEVEL 2 AAU/Non USAG		x \$45.00		+ \$45.00		
LEVEL 3 AAU/USAG/Non		x \$45.00		+ \$45.00		
LEVEL 4 AAU/USAG		x \$60.00		+ \$45.00		
LEVEL 5 AAU/USAG		x \$60.00		+ \$45.00		
LEVEL 6 AAU/USAG		x \$60.00		+ \$45.00		
PREP OP USAG		x \$80.00		+ \$45.00		
LEVEL 7		x \$80.00		+ \$45.00		
LEVEL 8		x \$80.00		+ \$45.00		
LEVEL 9		x \$80.00		+ \$45.00		
LEVEL 10/OPEN		x \$80.00		+ \$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 February 6, 2009 \$100.00

TOTAL DUE WITH FEES

METHOD OF PAYMENT

<input type="checkbox"/>	Check or Money Order Enclosed (pay to Purple & Gold Championships) in amount of	\$
<input type="checkbox"/>	Credit Card – VISA/MasterCard/Discover/American Express	
	Card Number:	Expiration Date: Security Code:
	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 Feb 6, 2009 - NO Refund - If cancelled after Feb 12, 2009



PURPLE & GOLD GYMNASTICS CHAMPIONSHIPS TEAM ROSTER

- Please submit team roster by email in excel format if possible to info@purpleandgold.info
- May submit your own list if all requested information below included
- If using form please type or use block letter printing to complete
- Submit Team Roster by registration deadline of February 6, 2009
- Forms may be faxed to 317.891.8226

Club: _____ USAG Club Number _____

Coach: _____ USAG# _____ Safety _____

Coach: _____ USAG# _____ Safety _____

1	Gymnast Name	USAG #	Level	Birth Date
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FOR QUESTIONS REGARDING REGISTRATION CALL 317.891.8260 OR EMAIL INFO@PURPLEANDGOLD.INFO