



TEAM REGISTRATION FORM

Registration Deadline: January 28, 2011

Competition Schedule Posted: February 4, 2011

Make checks payable to: Purple & Gold Championships

Mail form and fees to: Linda Barclay, Attn: P&G-2011

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 USAG/Non		x \$45.00		+ \$45.00		
LEVEL 3 USAG/Non		x \$45.00		+ \$45.00		
LEVEL 4 USAG		x \$60.00		+ \$45.00		
LEVEL 5 USAG		x \$60.00		+ \$45.00		
LEVEL 6 USAG		x \$60.00		+ \$45.00		
PREP OP		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 January 28, 2011 \$10.00 per gymnast

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 2, 2011 - NO Refund - If cancelled after Feb 2, 2011



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 January 28, 2011
- Forms may be faxed to 317.891.8226

Club: _____ USAG Club Number _____

Coach: _____ USAG# _____ Safety _____ Background _____

Coach: _____ USAG# _____ Safety _____ Background _____

Gymnast Name	USAG #	Level	Birth Date
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