



COMPULSORY REGISTRATION FORM

TEAM NAME _____ COACH'S NAME _____
 COACH'S PRO # _____ USAG CLUB # _____
 GYM NAME _____
 GYM ADDRESS _____ CITY _____ ZIP _____
 PHONE # _____ FAX # _____ EMAIL _____

GYMNAST NAME	LEVEL	USAG #	AGE	DOB
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

SEND ENTRIES TO:
 NIAGARA CUP
 3305 NIAGARA FALLS BLVD.
 NORTH TONAWANDA, NY 14120

LEVEL 4, 5 & 6	@ \$65.00	\$ _____
TEAM FEE	@ \$25.00	\$ _____
TOTAL		\$ _____

ONE CHECK PAYABLE TO: NIAGARA CUP