



## OPTIONAL 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 7 & 8	@ \$80.00	\$ _____
LEVEL 9 & 10/Elite	@ \$90.00	\$ _____
TEAM FEE	@ \$25.00	\$ _____
<b>TOTAL</b>		<b>\$ _____</b>

ONE CHECK PAYABLE TO: NIAGARA CUP