2009 Capital City Cup
Entry Form

Tallahassee, Florida

Club Name:	Coach's Name:	USAG#	Safety Cert. Exp. Date

Club Address:

USAG Club#:

Club Phone#:

Club Fax#:

Club Email:

Gymnast Name (last, first)	USAG#	Level	Date of Birth	Age Group

Individual Fees:

# of Level 4 Gymnasts		x$55 =	
# of Level 5 Gymnasts		x$55 =	
# of Level 6 Gymnasts		x$55 =	
# of Level 7 Gymnasts		x$55 =	
# of Level 8 Gymnasts		x$55 =	
# of Level 9 Gymnasts		x$55 =	
# of Level 10 Gymnasts		x$55 =	
Total # of Individuals		Total $ for Individuals:	

Team Fees:

Level 4 Team		x$50.00=	
Level 5 Team		x$50.00=	
Level 6 Team		x$50.00=	
Level 7 Team		x$50.00=	
Level 8, 9 and 10 Teams Combined		x$50.00=	
Total # of Teams		Total $ for Teams	
Grand Total of Team and Individual			

Send completed entry form with club check or money order payable to:

TGC Boosters
326 John Knox Rd
Tallahassee FL 32303