

*USAIGC Entry Form*  
**2009 USAIGC Evaluation Meet**  
**May 2, 2009**

**Inland Empire Gymnastics Academy**  
 791 S. Gifford Ave • San Bernardino, CA 92408

Club /Team: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Coach: \_\_\_\_\_ USAG # \_\_\_\_\_

Safety Exp. \_\_\_\_\_

Coach: \_\_\_\_\_ USAG # \_\_\_\_\_

Safety Exp. \_\_\_\_\_

Coach: \_\_\_\_\_ USAG # \_\_\_\_\_

Safety Exp. \_\_\_\_\_

Coach: \_\_\_\_\_ USAG # \_\_\_\_\_

Safety Exp. \_\_\_\_\_

	<b>ATHLETE NAME</b>	<b>USAIGC #</b>	<b>DOB</b>	<b>AGE</b>	<b>LEVEL</b>
1					
2					
3					
4					
5					
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22					
23					
24					
25					

Total Number of Athletes \_\_\_\_\_ @ \$60.00/athlete = \_\_\_\_\_

Total Enclosed - One Check Payable to I.E.G.A.