



2021 GASPARILLA CLASSIC

USA SANCTIONED WOMEN'S MEET



Entry Form
Please print clearly

Team Name _____ Club ID # _____

Mailing Address _____

City/State/Zip _____ Gym Phone _____

Email address to receive meet information _____

Coaches Attending:

Name	USA #	Mem Exp Date	Safety Exp Date	Background Exp Date

Please use one form per Level

Circle one: USA Level 1 2 3 4 5 6 7 8 9 10/Open Xcel Bronze Silver Gold Platinum Diamond

Enter Team Competition Yes No

Athlete Name	Level	Date of Birth	Age	USA #	US Citizen
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

\$105 / Compulsory Level 1-5 \$125 / Level 6-10 and Xcel \$60/ Team
 Add \$10 per athlete late fee for entries after December 15, 2020 (if available)
 If space available, \$25 per athlete for entries after January 15, 2020 (if available)

Number of Gymnasts _____ X _____ = _____ + _____ (Team Entry) = _____ Total

MAKE CHECKS PAYABLE TO: LIGHTNING CITY GYMNASTICS
 15482 N Nebraska Ave., Lutz, FL 33549
NO DEPOSITS. ALL FEES ARE DUE IN FULL.

Day to compete Requests:
 (include any coaching conflicts)

As per USA Gymnastics, all coaches and gymnasts must be entered through the Meet Reservation system.
 Please check if you have completed your Meet Reservation.



2021 GASPARILLA CLASSIC

AAU SANCTIONED WOMEN'S MEET



Entry Form
Please print clearly

Team Name _____ Club ID # _____

Mailing Address _____

City/State/Zip _____ Gym Phone _____

Email address to receive meet information _____

Coaches Attending:

Name	USA #	Mem Exp Date	Safety Exp Date	Background Exp Date
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Please use one form per Level

Circle one: USA Level 1 2 3 4 5 6 7 8 9 10/Open Xcel Bronze Silver Gold Platinum Diamond

Enter Team Competition Yes No

Athlete Name	Level	Date of Birth	Age	AAU #	US Citizen
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
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11.					
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13.					
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USA SANCTIONED MEN'S MEET



Entry Form
Please print clearly

Team Name _____ Club ID # _____

Mailing Address _____

City/State/Zip _____ Gym Phone _____

Email address to receive meet information _____

Coaches Attending:

Name	USA #	Mem Exp Date	Safety Exp Date	Background Exp Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please use one form per Level

Circle one: USA Level 4 5 6 7 8 9 10 JD JE Xcel

Enter Team Competition Yes No

Athlete Name	Athlete Number	Date of Birth	Level	Division
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

\$105 / Levels 4-6 \$125 / Level 7-10 Levels 7-10, JD, JE \$60/ Team
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 If space available, \$25 per athlete for entries after January 15, 2020 (if available)

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