



Florida

**State Championship Cover Sheet** (use with own entry forms)  
**Women's Artistic Gymnastics**

**Club Name** \_\_\_\_\_ **Club #:** \_\_\_\_\_ (required)

**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Coach's Name(Print)** \_\_\_\_\_ **USAG #** \_\_\_\_\_ **Member Exp** \_\_\_\_\_ **Bkgrnd** \_\_\_\_\_ **Safety Exp.** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COPY THIS  
FORM AS  
NEEDED**

List each coach that will attend – each will be verified

Level	Number of Gymnasts	Total Fees Due	Team Entry Yes or No - \$50/level
1			
2			
3			
4			
5			

Total Number of Entries \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Team Fee - **\$50.00** (if entering team competition) \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_ Ck # \_\_\_\_\_

**Individual Entry Fees**  
**\$75.00** All Levels

*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.*

*NO refunds of entry fees even if clubs enter an unqualified athlete - refunds will only be given for injuries with medical verification. Clubs that need the final 2 weekends before the state meet to qualify an athlete will have the choice to enter the athlete by deadline date with no refund if they do not qualify – or wait and if the athlete qualifies then enter the athlete late paying the entry fee plus the \$50 late fee.*