

# USA Competition Entry Form

Meet Name \_\_\_\_\_ Dates \_\_\_\_\_

Team Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Email \_\_\_\_\_ USA Club # \_\_\_\_\_

	Athlete Name	Birth Date	USA Number	Level
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

	Coach Name	USA #	Exp Date	Safety Exp	Background Exp	U100
1						
2						
3						
4						

Entry Fee \$70.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

Team Fee \$60.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_ Check # \_\_\_\_\_

**Mail To:**  
**D.E.E.N.O.S.**  
**355 Commerce Dr**  
**Rincon, GA 31326**