

Massachusetts State Cup Entry Form L2 -4 & PO 2011/2012

Club Name/Number _____ _____ Contact Email Address _____	Level _____ One page per level please
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	Name	USAG #	DOB	Competition	Date	Competition	Date
1							
2							
3							
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List any coach that may attend this competition

	Name	Pro #	Expiration	Background check	Safety Exp.	Payment Info Check made payable to Mass USAG Only 1 state meet per check
1						L2-4 \$50.00 x # of athletes
2						Prep Op \$45.00 x # of athletes
3						Team Fee \$25.00
4						2-4 & PO by team size

5					Total Sent
6					Date Sent