

**Massachusetts State / Sectional Entry Form 2011/2012**

Club Name/Number \_\_\_\_\_

Level \_\_\_\_\_  
One page per level please

	Name	USAG #	DOB	Sect Date	Sect Location	Qualif. Score	Levels 8-10 only GK Leotard size
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

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						Levels 2 -10 \$50.00 x # of athletes _____
2						Prep Op \$45.00 x # of athletes _____
3						Team Fee \$25.00 _____
4						(3 count L7-10, 4 count L5-6, 2-4 & PO by team size)
						Total Sent _____
5						Date Sent _____

**Note to Level Rep**