



# TEAM REGISTRATION FORM

Registration Deadline: January 28, 2011

Competition Schedule Posted: February 4, 2011

Make checks payable to: The Champions Cup  
 Mail form and fees to: Linda Barclay, Attn: TCC-2011  
 P.O. Box 29185, Indianapolis, IN 46229  
 Phone: (317) 891-8260 Fax: (317) 891-8226  
 Email: [lbarclay@thechampionscup.info](mailto:lbarclay@thechampionscup.info)

## TEAM AND CONTACT INFORMATION

Team Name:			Contact Name:		
Team Address:			Contact's Email Address:		
City:	State:	Zip:	Home Phone:	Work Phone:	
Team Phone:		Team Fax:	Cell Phone:	USAG Club Number:	

## CALCULATION OF REGISTRATION FEES DUE

COMPETITION LEVELS	NUMBER PER LEVEL	ENTRY FEE	ENTRY FEE DUE PER LEVEL	TEAM ENTRY	TEAM FEE	TOTAL DUE PER LEVEL
LEVEL 3		x \$45.00		+ \$45.00		
LEVEL 4		x \$60.00		+ \$45.00		
LEVEL 5		x \$60.00		+ \$45.00		
LEVEL 6		x \$60.00		+ \$45.00		
PREP OP		x \$60.00		+ \$45.00		
LEVEL 7		x \$80.00		+ \$45.00		
LEVEL 8		x \$80.00		+ \$45.00		
LEVEL 9		x \$80.00		+ \$45.00		
LEVEL 10/OPEN		x \$80.00		+ \$45.00		
CHAMPIONS CUP TEAM - COMPULSORY Minimum 3 Levels		LEVELS 3-6		FREE		
CHAMPIONS CUP TEAM - OPTIONAL Minimum 3 Levels		LEVELS PO-10		FREE		
CHAMPIONS CUP TEAM - COMBINED Min 2 Compulsory Levels/2 Optional Levels		LEVELS 3-10		FREE		
<b>TOTAL DUE</b>						
FOR CREDIT CARD PAYMENTS ONLY Add 3% Service Charge Total Due X .03=						
<b>TOTAL DUE WITH CC SERVICE CHARGE</b>					<b>\$</b>	
<b>LATE FEE</b>	Payment received after January 28, 2011		\$10.00	per gymnast		
<b>TOTAL DUE WITH FEES</b>						

## METHOD OF PAYMENT

<input type="checkbox"/>	Check or Money Order Enclosed (payable to The Champions Cup) in amount of	\$ _____
<input type="checkbox"/>	Credit Card - VISA/MasterCard/Discover/American Express	
	Card Number: _____	Expiration Date: _____ Security Code: _____
	Address of Cardholder (Where statement sent): _____	
	City/State/Zip: _____	
	Name of Cardholder: _____	
	I authorize USA Sports Production to charge my credit card in the amount of	\$ _____
	Cardholder Signature _____	

**REFUND POLICY: Full Refund - If cancelled in writing by January 28, 2011**  
**NO Refund - If cancelled after January 28, 2011**



# THE CHAMPIONS CUP TEAM ROSTER

- Please submit team roster by email if possible to [lbarclay@thechampionscup.info](mailto:lbarclay@thechampionscup.info)
- May submit your own list if all requested information below included
- If using form please type or use block letter printing to complete
- Submit Team Roster with Registration Form
- Forms may be faxed to 317.891.8226

Club: \_\_\_\_\_ USAG Club Number \_\_\_\_\_

Coach: \_\_\_\_\_ USAG# \_\_\_\_\_ Safety \_\_\_\_\_ BG \_\_\_\_\_

Coach: \_\_\_\_\_ USAG# \_\_\_\_\_ Safety \_\_\_\_\_ BG \_\_\_\_\_

	Gymnast Name	USAG #	Level	Birth Date
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FOR QUESTIONS REGARDING REGISTRATION CALL 317.891.8260 OR EMAIL [LBARCLAY@THECHAMPIONSCUP.INFO](mailto:LBARCLAY@THECHAMPIONSCUP.INFO)