



TEAM REGISTRATION FORM

Registration Deadline: January 27, 2012

Competition Schedule Posted: February 3, 2012

Make checks payable to: The Champions Cup
 Mail form and fees to: Linda Barclay, Attn: TCC-2012
 P.O. Box 29185, Indianapolis, IN 46229
 Phone: (317) 891-8260 Fax: (317) 891-8226
 Email: 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		
XCEL 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		
TOTAL DUE						
FOR CREDIT CARD PAYMENTS ONLY Add 3% Service Charge Total Due X .03=						
TOTAL DUE WITH CC SERVICE CHARGE					\$	
LATE FEE	Payment received after January 27, 2012		\$10.00	per gymnast		
TOTAL DUE WITH FEES						

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 27, 2012
NO Refund - If cancelled after January 27, 2012



THE CHAMPIONS CUP TEAM ROSTER

- Please submit team roster by email if possible to 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