385 Clinton Street Costa Mesa, CA 92626 • 714-444-1144, fax 714-444-1145 • tinap@teamocfun.com

Team OC Challenge Entry Form

Club/Team _____ Phone Number ( ) _____

Address _____ Fax _____

City _____ State _____ Zip _____

/ / / / / / / / / / / / / / / / / / Usag Club # _____

Official Team Name For Proscore (Max.20 Characters)

Attending Coaches	Usag #	Safety Exp.

	Athlete First Name	Athlete Last Name	Level	Usag #	D.O.B.	Age
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Gymnast Entry Fee: Level 4-6 : $65 **Team Entry Fee: $50 Per Level**

Of Participants _____ x $ _____ Total $_____

Of Participants _____ x $ _____ Total $_____

Team Entries (Levels)___ _____ x $ _____ $_____

One Check Payable To: **Team OC** **Grand Total** $_____

Pay By Credit Card:

I authorize **Team OC** to charge $_____.____ to the following credit card account:

Cardholder's Name: _____ Type of Card *(check one)*: ❑ MasterCard ❑ VISA ❑ Amex

Credit Card Number: _____ Expiration Date (MM/YYYY) : ___/___/___

Credit Card Verification Code: _____ *(three-digit number printed on the back of your credit card)*

Signature _____ **Date** _____

Use Additional Sheets If Necessary. Late Entries Will Only Be Accepted At The Discretion Of The Director.