

Bug Bite Invite Entry Form

November 4th & 5th, 2017

Team Name and Address: _____

Phone Number: _____

E-mail Address: _____

Fax Number: _____

Gym USAG #: _____

Coaches' Names, USAG Numbers, and Safety Expiration Dates: _____

	Competitor Name: Last, First	Athlete Number	Birthdate	Level	US Citizen?	Motionwear Leotard Size
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

Please list Total # of Competitors at each level:

Level 2 ___ X \$55.00 = ___
 Level 3 ___ X \$75.00 = ___
 Level 4 ___ X \$75.00 = ___
 Level 5 ___ X \$75.00 = ___
 Level 6 ___ X \$90.00 = ___
 Level 7 ___ X \$90.00 = ___
 Level 8 ___ X \$90.00 = ___
 Level 9 ___ X \$90.00 = ___
 Level 10 ___ X \$90.00 = ___
 Xcel Bronze ___ X \$55.00 = ___
 Xcel Silver ___ X \$75.00 = ___
 Xcel Gold ___ X \$75.00 = ___
 Xcel Platinum ___ X \$75.00 = ___
 Xcel Diamond ___ X \$75.00 = ___

Team Entry \$40 per level _____

Total: _____