



# ZONE 8 CHAMPIONSHIPS

at *Champions Academy*  
 Saturday, November 6, 2010

## Meet Registration Form

**Roster & Fee due by October 22**

Mail registration form with payment payable to Champions Academy to:

Champions Academy  
 Attn: Lora Perez  
 700 Jarvis Drive, Ste 120  
 Morgan Hill, CA 95037

**zones.causa.us**

### Club Information

Club Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Club#: \_\_\_\_\_ Comp. Leo Color(s): \_\_\_\_\_

### Coach Information

Coach Name: \_\_\_\_\_ USAG#: \_\_\_\_\_ USAG Exp: \_\_\_\_\_ Safety Exp: \_\_\_\_\_  
 Coach Name: \_\_\_\_\_ USAG#: \_\_\_\_\_ USAG Exp: \_\_\_\_\_ Safety Exp: \_\_\_\_\_  
 Coach Name: \_\_\_\_\_ USAG#: \_\_\_\_\_ USAG Exp: \_\_\_\_\_ Safety Exp: \_\_\_\_\_

Gymnast Name (PRINT CLEARLY)	Level	USAG#	Birthday	Age
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

\_\_\_\_\_ (# of gymnasts) X \$50.00 ..... = \_\_\_\_\_ (Total)  
 \_\_\_\_\_ (# of autographed t-shirts) X \$25.00 ..... = \_\_\_\_\_ (Total)  
 \_\_\_\_\_ (# of regular t-shirts) X \$15.00 ..... = \_\_\_\_\_ (Total)

**Make Check Payable to Champions Academy**  
**Roster & Payment due October 22, 2010**

**Total Enclosed:**  
 \_\_\_\_\_

**Total Amount Due:** \_\_\_\_\_



Champions Academy | 700 Jarvis Drive, Ste 120, Morgan Hill, CA 95037  
 Phone: 408-776-1858 | Email: [info@causa.us](mailto:info@causa.us)  
 Web: [zones.causa.us](http://zones.causa.us)