



2012 BUCKEYE CLASSIC

February 17-19, 2012

ENTRY DEADLINE: December 09, 2011

No REFUNDS after January 7, 2012

RETURN BY MAIL TO:

2012 Buckeye Classic - BGB Club, Inc.

PO Box 1468 - Westerville, OH 43086-1468

Make CHECKS payable to: BGB Club, Inc

E-MAIL: registration@buckeye-classic.org / Phone: (614) 905-1168

| | | |
|----------|-----------------|----------------|
| CLUB: | USAG member#: | Club Phone: |
| Street: | | Club Fax#: |
| City: | State/Province: | Zip Code: |
| Contact: | | Contact Phone: |

EMAIL:

| | Gymnast Last Name | Gymnast First Name | USAG # | Level | Date of Birth |
|------|-------------------|--------------------|--------|-------|---------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| (18) | | | | | |

| | Coach Last Name | First Name | Coach USAG # | Safety Cert. Expiration |
|-----|-----------------|------------|--------------|-------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

| GYMNAST SUMMARY | | Entry Fee | Team Fee |
|--------------------------------|-------|----------------------|-------------------------|
| Total # Level 3 Gymnasts | _____ | x \$70 each = _____ | + Team Fee (\$45) _____ |
| Total # XCel Gymnasts | _____ | x \$70 each = _____ | + Team Fee (\$45) _____ |
| Total # Level 4 Gymnasts | _____ | x \$80 each = _____ | + Team Fee (\$45) _____ |
| Total # Level 5 Gymnasts | _____ | x \$80 each = _____ | + Team Fee (\$45) _____ |
| Total # Level 6 Gymnasts | _____ | x \$80 each = _____ | + Team Fee (\$45) _____ |
| Total # Level 7 Gymnasts | _____ | x \$100 each = _____ | + Team Fee (\$45) _____ |
| Total # Level 8 Gymnasts | _____ | x \$100 each = _____ | + Team Fee (\$45) _____ |
| Total # Level 9 Gymnasts | _____ | x \$100 each = _____ | + Team Fee (\$45) _____ |
| Total # Level 10/Open Gymnasts | _____ | x \$100 each = _____ | + Team Fee (\$45) _____ |

| | | | | | |
|--------------------------|----------------------|-----------------|----------------------|----------------|----------------------|
| Total Number of Gymnasts | <input type="text"/> | Total Entry Fee | <input type="text"/> | Total Team Fee | <input type="text"/> |
|--------------------------|----------------------|-----------------|----------------------|----------------|----------------------|

Total Fees Due

Total Amount Enclosed to 'BGB Club, Inc.' =

*Team details can be accepted by email with payment to be mailed one week after deadline