



# 19<sup>th</sup> Annual St. Jude Benefit Meet

Date: January 16-17, 2010

Team Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Team Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Club #: \_\_\_\_\_

Coach Name	USAG #	Safety Expiration

Competitor Name	Athlete Registration number	Level	Date of Birth	U.S. Citizen
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				

# of Level 4/5/6: \_\_\_\_\_ x \$70.00 = \_\_\_\_\_  
 # of Level 7/8/9/10: \_\_\_\_\_ x \$80.00 = \_\_\_\_\_  
 # of Team Entries: \_\_\_\_\_ x \$40.00 = \_\_\_\_\_

**Grand Total = \_\_\_\_\_**