VA NAWGJ JUDGES CUP OFFICIAL ENTRY FORM

NAME OF MEET: JUDGES CUP 2010 **MEET DATE: FEBRUARY 27 & 28, 2010**

TEAM NAME: **CLUB NUMBER:**

TEAM ADDRESS: **PHONE:**

FAX:

CLUB CONTACT NAME: **E-MAIL:**

Coaches (USAG#, Safety Cert. exp.):
Coach #1: **Coach #4:**
Coach #2: **Coach #5:**
Coach #3: **Coach #6:**

LAST NAME	FIRST NAME	USAG #	LEVEL	DOB	AGE	US CITIZEN	INDICATE SECTIONAL QUALIFYING SCORE & LOCATION HERE	
							SCORE	LOCATION

FEES: **Total Entries:** ____ **x$65.00= $**_____

Total Late Entries: ___ **x $25.00= $**_____

Total: $_____

Office Use Only:

Date Rec'd:_____ **Check #:** _____ **Amount of Check:** _____