



2020 Everest Classic

Elite National Qualifier Entry Form

Entry Deadline: December 15, 2019. No Refunds after 12/15/19

C lub: _____ Primary Contact: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip: _____
 USAG Club #: _____ Email Address: _____

Athlete Information

	Athlete First Name	Athlete Last Name	Level Hopes, JR, SR	Athlete USAG #	DOB	Age	Compulsory \$75	Optional \$125	Total
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Coach Information

	Coach First Name	Coach Last Name	USAG #	Safety Exp.	Background Exp.	U100 Y/N	Safe Sport Exp.
1							
2							
3							
4							
5							

Totals

# Athletes		Total
Compulsory:	X \$75	
Optional:	x \$125	

Please email completed form to: everestmeets@gmail.com

Send payment with a copy of completed form to:

Everest Gymnastics

Elite National Qualifier
 19340 Liverpool Parkway
 Cornelius, NC 28031
 704-948-1449 (option 2)

Grand Total: _____