

# 2019 National Elite Qualifier

*Feb. 10-11, 2019*

*(Sun - Mon)*

*Ontario, Ca.*

**ENTRY DEADLINE:** Jan 5, 2019  
*(subject to meet space availability)*

Club: \_\_\_\_\_ Club Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Club Phone: \_\_\_\_\_ Club Fax: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

	Last Name	First Name	USAG #	Birthdate	Hopes/Elite	Compulsory?	Optional?
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

	Coach Last Name	Coach First Name	USAG #	Safety Cert. Exp.
1				
2				
3				
4				
5				
6				

Total Number Compulsory Gymnasts: \_\_\_\_\_ x \$75.00 each = \_\_\_\_\_

Total Number Optional Gymnastics: \_\_\_\_\_ x \$125.00 each = \_\_\_\_\_

Total Entry Fee: \_\_\_\_\_

Mail to: Charter Oak Gymnastics  
c/o National Qualifier  
841 N. Dodsworth Ave.  
Covina, Ca. 91724

*Make checks payable to Charter Oak Gymnastics*