



January 5-7, 2023

Club Name: _____ Club's USAG #: _____

Club Contact: _____ Email: _____

Mailing Address: _____

Club Phone: _____ Contact Phone: _____

Coach First Name	Coach Last Name	USAG Pro #	Safety Expiration	Background Expiration	U100? (Y/N)

*****Please attach a copy of your USAG meet reservation to this form.*****
Best of the West (Sanction #83518)

Any level change requests will be processed in the order received and are pending availability. If that level change bumps an athlete into a higher tier entry fee, the club will be charged the difference in entry as of that date. No refunds or credits will be issued for athletes moving down in level. No athlete substitutions are permitted after Nov. 1, 2022. If an athlete substitution request is received after the early bird deadline of September 30th (but prior to Nov. 1st) the club will be charged the difference in entry fee. All entry fees are non-refundable.

This entry form along with payment information on the page below can be sent via mail to Black Diamond Gymnastics PO Box 982436 Park City, UT 84098 or emailed to blackdiamondcompetitions@gmail.com.

NO TEAM FEES!

We've added a HUGS division (all levels) for 2023!!



Competition Venue: Zions Bank Real Academy
14787 Academy Parkway
Herriman, UT 84096

Lod January 5-7, 2023 g Soon!

Check out www.blackdiamondgym.com for more information.

<u>Level</u>	<u>Early Bird</u> (by 9/30/22)	<u>Standard</u> (by 11/15/22)	<u>Late</u> (after 11/15/22) 2-5
/ XB-XG/ HUGS	\$110/athlete	\$125/athlete	\$135/athlete
6-10 / XP-XD	\$125/athlete	\$135/athlete	\$145/athlete
TNT Athletes	\$ 85/athlete	\$ 95/athlete	\$105/athlete

Level 2-5 Gymnasts = _____ x Entry Fee \$ _____ = \$ _____

Xcel Bronze-Gold Gymnasts = _____ x Entry Fee \$ _____ = \$ _____

Xcel HUGS Gymnasts = _____ x Entry Fee \$ _____ = \$ _____

Xcel Plat & Diamond Gymnasts = _____ x Entry Fee \$ _____ = \$ _____

Level L6-10 Gymnasts = _____ x Entry Fee \$ _____ = \$ _____

TNT Athletes = _____ x Entry Fee \$ _____ = \$ _____

TOTAL = \$ _____

Payments by Credit Card:

Circle one: Visa Master Card American Express

Card #: _____ Expiration: _____

Name on card: _____ Billing Zip Code: _____

Authorized Signature: _____