



| Club Name: | Club's USAG #: | | | | | |
|---------------------|----------------|---------------|----------------------|--------------------------|--|--|
| Club Contact: | Email: | | | | | |
| Mailing Address: | | | | | | |
| Club Phone: | Cc | ontact Phone: | | | | |
| Coach First Name | Last Name | USAG Pro # | Safety Expiration | Background Expiration | | |
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Please attach a copy of your USAG meet reservation to this form.
2022 Naughty or Nice (Sanction #83550)

Any level change requests will be processed in the order received and are pending availability. No athlete substitutions are permitted after October 10, 2022. We understand that levels are sometimes being adjusted during the fall. We will do our very best to accommodate level changes pending availability. 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: Black Diamond Sports Center

11274 Kestrel Rise Road Suite A

South Jordan, UT 84009

| Lodging: | Coming Soon! |
|----------|--------------|
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| Entry Fees: | Entry | Eage: |
|-------------|-------|-------|
| | Entry | rees: |

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|--|------------------------|---------------------|---------------------|------------|--|--|
| Entry Fees: | | | | | | |
| Level | Standard (by 10/15/22) | Late (after 10/15/2 | <u>?2)</u> | # Athletes | | |
| Levels 2-10 | \$75/athlete | \$85/athlete p | ending availability | | | |
| Xcel (all) | \$75/athlete | \$85/athlete p | ending availability | | | |
| HUGS (all) | \$75/athlete | \$85/athlete p | ending availability | | | |
| Total Athletes () X = \$ Payments by Check Black Diamond Sports Center Attn: Naughty or Nice PO Box 982436 Park City, Utah 84098 | | | | | | |
| Payments by Credit Card (3% processing fee will be added): | | | | | | |
| Circle one: | Visa I | Mastercard | American Exp | ress | | |
| Card #: | | | Expiration: | | | |
| Name on card | l: | | Billing Zip Co | ode: | | |
| Authorized Si | gnature: | | | | | |