



February 22-25, 2024

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.**
2024 Black Diamond Winter Classic (Sanction #87516)***

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, 2023. 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 or emailed to blackdiamondcompetitions@gmail.com.**

We've added TNT for 2024 ~ Contact us for entry info!!



February 22-25, 2024

WOMEN'S ARTISTIC ENTRY FEES

Competition Venue: Salt Palace Convention Center

100 S. West Temple
Salt Lake City, Utah 84101

Lodging Information: Coming Soon!

<u>Level</u>	<u>Early Bird</u> (by 9/30/23)	<u>Standard</u> (by 12/1/23)	<u>Late</u> (after 12/1/23)
2-5 / XB-XG/HUGS	\$125/athlete	\$135/athlete	\$145/athlete
6-10 / XP-XD	\$145/athlete	\$145/athlete	\$155/athlete
# Level 2-5 Gymnasts =	_____ x Entry Fee \$_____ =	\$_____	\$_____
# Xcel Bronze-Gold Gymnasts =	_____ x Entry Fee \$_____ =	\$_____	\$_____
# HUGS Gymnasts =	_____ x Entry Fee \$_____ =	\$_____	\$_____
# Xcel Plat-Diamond Gymnasts =	_____ x Entry Fee \$_____ =	\$_____	\$_____
# Level L6-10 Gymnasts =	_____ x Entry Fee \$_____ =	\$_____	\$_____
# Team Entries (3+ athletes)	_____ x Team Fee \$ <u>50.00</u> =	\$_____	\$_____
		TOTAL = \$	_____

Payments by Credit Card:

Circle one: Visa Master Card American Express

Card #: _____ Expiration: _____

Name on card: _____ Billing Zip Code: _____

Authorized Signature: _____

Contact Katy via email with questions: blackdiamondcompetitions@gmail.com.