2011 STATE GAMES OF AMERICA
TEAM ENTRY FORM

REFER TO SPECIFIC SPORT INFORMATION BEFORE COMPLETING.
ALL TEAM MEMBERS MUST SUBMIT A SIGNED WAIVER WITH THIS FORM.

TEAM NAME _____ CONTACT LAST NAME _____ FIRST NAME _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE – DAYTIME _____ PHONE - CELL _____ EMAIL _____

Make check or Money Order payable to:
STATE GAMES OF AMERICA
3260 Rosecrans St.
San Diego, CA 92110

SPORT (CIRCLE ONE): **BASEBALL** **BASKETBALL** **GYMNASTICS** **JR. LIFEGUARDS**

SOCCER (AYSO/CYSA) **SOFTBALL** **SYNCHRO SWIM** **WATER POLO** **WRESTLING**

DIVISION / GENDER _____

Total Entry Fees: _____
Open. Cerem. ($10 each): _____
Athlete Party ($8): _____
SGA Donation: _____

TOTAL ENCLOSED: _____

TEAM ROSTER

					Wrestling	**Gymnastics**			**Synchronized Swimming**			
NAME	BIRTHDATE	HOMETOWN	Weight	USAG #	Level	Solo	Duet	Grp	Trio	Grp	Team	Grp