CALIFORNIA STATE GAMES
2010 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:
CALIFORNIA STATE GAMES
3260 Rosecrans St.
San Diego, CA 92110

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

SOCCER (AYSO/CYSA) **Region:**_____

SOFTBALL **SYNCHRO SWIM** **TEAM HANDBALL** **WATER POLO** **WRESTLING**

Total Entry Fees: _____
Open. Cerem. ($10 each):_____
Athlete Party ($7): _____
CSG Donation: _____

TOTAL ENCLOSED: _____

_____
DIVISION / GENDER

TEAM ROSTER **Wrestling** **Gymnastics** **Synchronized Swimming**

NAME	BIRTHDATE	HOMETOWN	Weight	USAG #	Level	Solo	Duet	Grp	Trio	Grp	Team	Grp