

2026 LEGACY ELITE CLASSIC REGISTRATION FORM

GYM NAME _____ PHONE # _____

ADDRESS _____

COACH CONTACT NAME _____ PHONE # _____

EMAIL ADDRESS _____

- ALL GYMS MUST REGISTER THEIR ATHLETES & COACHES THROUGH USAG RESERVATION SYSTEM
- YOU MUST ALSO SUBMIT THE OFFICIAL LEGACY ELITE CLASSIC REGISTRATION FORM BY MAIL WITH CHECK PAYMENT TO: 881 SHORELINE DR. AURORA, IL 60504
- \$100 PER LEVEL DEPOSIT TO HOLD SPOT IN MEET
- Registration (Refund), Level Change DEADLINE: 10/31/25

LEVEL	# OF ATHLETES		ENTRY FEE	= TOTAL	+	TEAM FEE	TOTAL
2		X	\$165			\$65	
3		X	\$165			\$65	
4		X	\$165			\$65	
5		X	\$165			\$65	
6		X	\$165			\$65	
7		X	\$165			\$65	
8		X	\$165			\$65	
9		X	\$165			\$65	
10		X	\$165			\$65	
BRONZE		X	\$165			\$65	
SILVER		X	\$165			\$65	
GOLD		X	\$165			\$65	
PLATINUM		X	\$165			\$65	
DIAMOND		X	\$165			\$65	
SAPPHIRE		X	\$165			\$65	

TOTAL # Athletes _____ (x) \$165 Entry Fee \$ _____ (+) TOTAL Team Fee \$ _____

DATE _____ TOTAL PAYMENT _____