

LEGACY ELITE CLASSIC REGISTRATION FORM

GYM NAME _____ PHONE # _____

ADDRESS _____

COACH CONTACT NAME _____ PHONE # _____

EMAIL ADDRESS _____

- MUST REGISTER THEIR ATHLETES & COACHES THROUGH USAG RESERVATION SYSTEM
- MUST SUBMIT THE OFFICIAL LEGACY ELITE CLASSIC REGISTRATION FORM BY MAIL WITH CHECK
PAYMENT TO: LEGACY ELITE GYMNASTICS, 881 SHORELINE DR. AURORA, IL 60504
- Registration (Refund), Level Change DEADLINE: 10/31/26
- Entry fee \$165 & team fee \$65 BY 10/31/26
- Entry fee \$175 & team fee \$70 AFTER 10/31/26

LEVEL	# OF ATHLETES		ENTRY FEE	= TOTAL	+	TEAM FEE	TOTAL
2		X	\$165/\$175			\$65/\$70	
3		X	\$165/\$175			\$65/\$70	
4		X	\$165/\$175			\$65/\$70	
5		X	\$165/\$175			\$65/\$70	
6		X	\$165/\$175			\$65/\$70	
7		X	\$165/\$175			\$65/\$70	
8		X	\$165/\$175			\$65/\$70	
9		X	\$165/\$175			\$65/\$70	
10		X	\$165/\$175			\$65/\$70	
BRONZE		X	\$165/\$175			\$65/\$70	
SILVER		X	\$165/\$175			\$65/\$70	
GOLD		X	\$165/\$175			\$65/\$70	
PLATINUM		X	\$165/\$175			\$65/\$70	
DIAMOND		X	\$165/\$175			\$65/\$70	
SAPPHIRE		X	\$165/\$175			\$65/\$70	

TOTAL # Athletes _____ (x) \$165/\$175 Entry Fee \$ _____ (+) TOTAL Team Fee \$ _____

DATE _____

TOTAL PAYMENT _____