

Cobb Men’s Challenge

December 14-15, 2019.

**Registration fees:**

All Levels $80.00 Entry deadline: November 30th

Team FREE Refund Deadline November 30th

Make Check Payable to: CGCPC

Meet director: Christophe Voisin

**Location:**

Cobb Gymnastics Center

542 Fairground Street

Marietta GA 30060

Tel : 770-528-8477 fax 770-528-8479 email : [cobbgymnastics@bellsouth.net](mailto:cobbgymnastics@bellsouth.net)

**Ages Division**:

Age’s division will be according to USAG guideline including Division 1 and 2 and Junior Developmental division and new Xcel Bronze, Silver, Gold.

**Awards:**

Exceed USA guideline rules and policies, Team 50% +1.

**Equipment:**

All AAI equipment according to FIG specifications

**Schedule and results:**

Meet schedule Will be post on [www.cobbchallengers.com](http://www.cobbchallengers.com)

**Admission:**

Adults: $8.00 seniors $5:00 Youth $5:00

You can now make your reservation online using meet reservation system

1. Log in to your account on the USA web site ([www.usagym.org](http://r20.rs6.net/tn.jsp?f=001sQstjSe7wqWZe7Sqw7xj6a-xQ4YCcpI0k7VtlDj8kZ8QPDIm1BGyqyWyGj-AeBfrLMdNV1qd9QdxPkzl_YR0_qENa30toQ_cruRacDJ8oo_jBVeLsWoDMYSJM1ZavwrSXRCXpNHGDKKR15rSviIgho-S4lP-k5lCzE5qyZ3VlwA=&c=8wTvzTGOuxK_GT-uZACkTkNyr6qKiLIfwwTlH5UEqR8V6LiUTVpi2A==&ch=o5KX23n3KmzPDj6jSCFhQUZnJgHOcAerVGRtzLEPiE2qBmaxnFKSlA==)).
2. Click MEMBER SERVICES.
3. Select "Club Administration" and choose "Meet Reservations".
4. At the bottom of the page Click "Search for Meets".
5. Choose "GA" then click "Search".
6. Click on "**2019 Cobb Men’s Challenge**"
7. Complete the Club information (club contact, etc...).
8. Then select the gymnasts and coaches attending the meet.

Click "Submit" and verify. You will receive a confirmation from USAG with your team roster.  Please print the roster and make check payable to CGCPC and mail to the address above.

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| **2018 Cobb Men’s Challenge Entry Form** | | | |
| Club: |  | Coach #2: |  |
| Club USAG#: |  | Coach USAG#: |  |
| Club Address: |  | Coach E-Mail: |  |
|  |  | Coach: #3: |  |
| Club Phone #: |  | Coach USAG#: |  |
| Club E-Mail: |  | Coach E-Mail: |  |
| Coach #1: |  | Coach: #4: |  |
| Coach USAG#: |  | Coach USAG#: |  |
| Coach E-Mail: |  | Coach E-Mail: |  |

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| ***FORM MUST BE TYPED AND FILLED OUT COMPLETELY*** | | | | | |
| **Gymnast FIRST Name** | **Gymnast LAST Name** | **USAG #** | **Birthdate (mm/dd/yyyy)** | **Level**  **4 to 10 and JD Level** | **Division (1 or 2)** |
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| **Number of Gymnasts attending** | |  | x $80.00 | $ |
|  | |  | x $Free | $ |
|  | |  |  |  |
|  |  |  | TOTAL DUE: | $ |

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| **CHECKS PAYABLE TO: CGCPC** |
| **Mail Entries to: Cobb Challengers Gymnastics 542 Fairground Street**  **Marietta GA 30062** |