

USAG Massachusetts Pre-Sectional Meet Request Form 2016-2017

Club/Gym requesting meet _____ Telephone number (gym) _____
 Street Address of gym _____
 E-mail address of gym _____ Fax number (gym) _____
 Meet Director (MD) _____ Meet Director cell # _____
 E-mail address of MD _____ MD USAG Professional # _____

PreSectional	Day	Date	Athlete Report Time	Meet Start Time	Session Information Number/Levels	Number Judges
1st choice						
alternate date						

Mail/scan to: Kathy Ostberg
 365 Spring Street
 Shrewsbury, MA 01545
USAGymCalendar@aol.com

7/14/16