



February 20-23, 2025

## T&T Entry Form

Club Name: \_\_\_\_\_ Club's USAG #: \_\_\_\_\_

Club Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Club Phone: \_\_\_\_\_ Contact's Phone: \_\_\_\_\_

**Competition Venue: Salt Palace Convention Center**

100 S. West Temple HALL #5\*

Salt Lake City, Utah 84101

*\*Entrance is directly across from Delta Center.*

**Lodging Information: Coming soon!**

***\*\*Please attach a copy of your USAG meet reservation to this form.***

***\*\*2025 Black Diamond Winter Classic***

**[Sanction #90419](#)**

Any level change requests will be processed in the order received and are pending availability. For PTAU members only, level changes will be accepted through Monday, Jan. 29<sup>th</sup> at midnight (following the first meet of the season).

**This entry form along with payment information on the page below can be sent via**

Mail:

**Black Diamond Gymnastics  
PO Box 982436  
Park City, UT 84098**

or Email:

**[blackdiamondcompetitions@gmail.com](mailto:blackdiamondcompetitions@gmail.com)**

***We will be doing TEAM FINALS on Saturday night! Once the details are confirmed we will reach out to each entered team directly to see if you'd like to participate.***



February 22-24, 2024

**\* T&T ENTRY INFORMATION \***  
**{For Non-PTAU Members}**

<b>Level</b>	<b>Early Bird</b> (by 9/30/24)	<b>Standard</b> (by 12/30/24)	<b>Late</b> (after 12/30/24)
HUGS	\$95/athlete	\$105/athlete	\$155/athlete
L1-Elite	\$95/athlete	\$105/athlete	\$155/athlete

All entries postmarked/received after 12/30/23 will be charged a \$50 late fee and will be accepted pending availability. Any level change requests made after 1/29/24 will incur a \$20 per change fee ~ also pending availability.

Total Athletes Entered via USAG Meet Reservations = \_\_\_\_\_

Total Entry Fees Due = \$ \_\_\_\_\_

Make checks payable to: *Black Diamond Gymnastics and Sports Center*

Payments by Credit Card (a 3% service fee will be added):

Circle one:      Visa              Master Card              American Express

Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Name on card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Contact Katy via email with questions: [blackdiamondcompetitions@gmail.com](mailto:blackdiamondcompetitions@gmail.com)