



2027 National Judges Cup
Patty J. Shipman Level 7 State Team Challenge
January 9, 2027
Entry Form

State: _____ State Judging Director Name: _____

Contact Phone: _____ Contact E-Mail: _____

Gymnast Name	USAG #	Club Name	Club #	1st Half/2nd Half
1.				

Coach: _____ Phone: _____ USAG #: _____

Coach: _____ Phone: _____ USAG #: _____

Gymnast Name	USAG #	Club Name	Club #	1st Half/2nd Half
2.				

Coach: _____ Phone: _____ USAG #: _____

Coach: _____ Phone: _____ USAG #: _____

Gymnast Name	USAG #	Club Name	Club #	1st Half/2nd Half
3.				

Coach: _____ Phone: _____ USAG #: _____

Coach: _____ Phone: _____ USAG #: _____

Gymnast Name	USAG #	Club Name	Club #	1st Half/2nd Half
4.				

Coach: _____ Phone: _____ USAG #: _____

Coach: _____ Phone: _____ USAG #: _____

Gymnast Name	USAG #	Club Name	Club #	1st Half/2nd Half
5.				

Coach: _____ Phone: _____ USAG #: _____

Coach: _____ Phone: _____ USAG #: _____

Gymnast Name	USAG #	Club Name	Club #	1st Half/2nd Half
6.				

Coach: _____ Phone: _____ USAG #: _____

Coach: _____ Phone: _____ USAG #: _____

Gymnast Name	USAG #	Club Name	Club #	1st Half/2nd Half
7. <i>alternate</i>	<i>alternate</i>	<i>alternate</i>	<i>alternate</i>	<i>alternate</i>

Coach: _____ Phone: _____ USAG #: _____

Coach: _____ Phone: _____ USAG #: _____

Entry Fees are \$130⁰⁰ per gymnast. State Team Fees are \$50⁰⁰ per state. Entry Fees are non-refundable.

Please make all checks payable to Flip Kids
and mail to:

NAWGJ

Attn: Evelyn Paradis

32920 Alvarado Niles Rd, Ste 210

Union City, CA 94587

_____ Gymnasts x \$ \$130⁰⁰ = _____

_____ Team Entry Fee x \$50⁰⁰ = _____

Total Due = _____

Please contact Evelyn Paradis with any questions.

evelynparadis1@gmail.com 925-963-4627