

10th Annual GymQuarters Invitational

February 13, 14 & 15, 2009

SITE	The Millennium Hotel 200 South 4 th Street St. Louis, Mo 63102
HOSTED BY	GYMQUARTERS GYMNASTICS CENTER & GYMFRIENDS BOOSTER CLUB
DATE	February 13 – 15, 2009
ENTRY FEES	\$85.00 Per Level 7, 8, 9, 10 & Elite Gymnast \$70.00 Per Level 5, 6 Gymnast \$47.00 Per Level 4 Gymnast (USAG Sanctioned) \$35.00 Per Level 3 Gymnast (USAG Sanctioned) \$40.00 Per Team Entry
HOST HOTEL	The Millennium Hotel 200 South 4 th Street St. Louis, MO 63102 1-866-866-8086 314-241-9500 GQ Invitational Rate North Tower - \$101.00 South Tower - \$91.00 **Hotel Block will available after October 21, 2008.
DEADLINE	Send enclosed Entry Form and Team Information along with your full entry fee by December 15, Entries will be taken on a first-come, first-served basis. A \$10.00 late entry fee per gymnast will be charged for individual entries Received after December 15, 2008.
COACHES CONTACT INFO	10th Annual GymQuarters Invitational, Attn: Scott Cusimano 92 Hubble, O'Fallon MO 63368 --- 636.498.6854 / 636.498.6865 Fax Email: scott@gymquarters.com Note: All communication with us should be through a contact person from your gym --- NOT by individual parents.
PRIZE MONEY	\$1000 to the 1 st Place Level 10 Team \$400 to the 2 nd Place Level 10 Team \$200 to the 3 rd Place Level 10 Team \$150 to the 1 st Place Level 9 Team \$150 to the 1 st Place Level 8 Team \$100 to the 1 st Place Level 5, 6, & 7 Team. \$300 Super Team 1 st Place Combined Team (Top 3 Team Scores, Lvl 5 – Elite)
INDIVIDUAL AWARDS	For Levels 3, 4, 5, 6, 7, 8, 9, 10 & Elite Individual awards will be presented at the conclusion of each Session
TEAM AWARDS	Number of trophies presented will be determined by the number of team entries per level. Team Places will be determined by the top 3 Event scores. Unlimited number of gymnasts may enter.
TEAM PARTY	All competitive participants are invited to the Gymnast Party. Saturday, 2/14. 8-11pm Snacks & Light Food. DJ & Dance. Fun!
REFUNDS	Refunds will be approved for gymnasts who cancel due to illness or injury (with Doctor's excuse) prior to January 16, 2009.. <u>Under no circumstances will requests for refunds after 1/16 be granted.</u>

GymQuarters
Gymnastics Center
92 Hubble, O'Fallon, MO 63368
636.498.6854 / 636.498.6865 Fax
www.gymquarters.com

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Club Fax Number: _____

TEAM ENTRY SUMMARY

Team Name _____ Phone _____ - _____ - _____
Street Address _____ USAG # _____
City, State Zip _____
Coach (s) Name _____ USAG# _____
Coach (s) Name _____ USAG# _____
Coach (s) Name _____ USAG# _____
Coach (s) Name _____ USAG# _____

Note: Coaches must be registered on the entry form and have their USAG# and card available at the Meet in order to be on the competition floor.

# Level 3 Gymnasts _____	@	\$35.00 =	\$ _____
# Level 4 Gymnasts _____	@	\$47.00 =	\$ _____
Level 4 Team Entry _____	@	\$40.00 =	\$ _____
# Level 5 Gymnasts _____	@	\$70.00 =	\$ _____
Level 5 Team Entry _____	@	\$40.00 =	\$ _____
# Level 6 Gymnasts _____	@	\$70.00 =	\$ _____
Level 6 Team Entry _____	@	\$40.00 =	\$ _____
# Level 7 Gymnasts _____	@	\$85.00 =	\$ _____
Level 7 Team Entry _____	@	\$40.00	\$ _____
# Level 8 Gymnasts _____	@	\$85.00 =	\$ _____
Level 8 Team Entry _____	@	\$40.00	\$ _____
# Level 9 Gymnasts _____	@	\$85.00 =	\$ _____
Level 9 Team Entry _____	@	\$40.00	\$ _____
# Level 10 Gymnasts _____	@	\$85.00 =	\$ _____
Level 10 Team Entry _____	@	\$40.00	\$ _____
# Elite Gymnasts _____	@	\$85.00 =	\$ _____
Elite Team Entry _____	@	\$40.00	\$ _____
		Total Amount Due	\$ _____
		Amount Enclosed	\$ _____

Please make checks payable to GymQuarters Gymnastics Center.

**Return Individual Entry Form & Team Entry Summary
Form and Payment in Full by December 15, 2008.**

Email entry to: lisagggym@yahoo.com

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