

11th Annual GymQuarters Invitational

February 12, 13 & 14, 2010

TEAM ENTRY SUMMARY

Team Name _____ Phone _____ - _____ - _____
Street Address _____ USAG # _____
City, State Zip _____
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 _____	@	\$45.00 =	\$ _____
Level 3 Team Entry _____	@	\$40.00 =	\$ _____
# Level 4 Gymnasts _____	@	\$55.00 =	\$ _____
Level 4 Team Entry _____	@	\$40.00 =	\$ _____
# Level 5 Gymnasts _____	@	\$75.00 =	\$ _____
Level 5 Team Entry _____	@	\$40.00 =	\$ _____
# Level 6 Gymnasts _____	@	\$75.00 =	\$ _____
Level 6 Team Entry _____	@	\$40.00 =	\$ _____
# Prep Op _____	@	\$75.00 =	\$ _____
Prep Op Team Entry _____	@	\$40.00 =	\$ _____
# Level 7 Gymnasts _____	@	\$95.00 =	\$ _____
Level 7 Team Entry _____	@	\$40.00 =	\$ _____
# Level 8 Gymnasts _____	@	\$95.00 =	\$ _____
Level 8 Team Entry _____	@	\$40.00 =	\$ _____
# Level 9 Gymnasts _____	@	\$95.00 =	\$ _____
Level 9 Team Entry _____	@	\$40.00 =	\$ _____
# Level 10 Gymnasts _____	@	\$95.00 =	\$ _____
Level 10 Team Entry _____	@	\$40.00 =	\$ _____
# Elite Gymnasts _____	@	\$95.00 =	\$ _____
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, 2009.

Email entry to: lisaggym@yahoo.com

GymQuarters
Gymnastics Center
92 Hubble, O'Fallon, MO 63368
636.498.6854 / 636.498.6865 Fax