

Saturday, October 29th, 2011



Level 4 Challenge

Entry Form

Club Name: _____ Club #: _____ Phone: _____

Club Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Contact Phone: _____ Contact E-Mail: _____

Coach: _____ USAG #: _____ USAG Exp.: _____ Safety Exp.: _____

Coach: _____ USAG #: _____ USAG Exp.: _____ Safety Exp.: _____

Coach: _____ USAG #: _____ USAG Exp.: _____ Safety Exp.: _____

Gymnast Name Please print clearly	Level	USAG #	Birthday	T-shirt size Child Small to Adult X-Large
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Entry Fees are \$75⁰⁰ per gymnast which includes a T-shirt. Team Fee is \$10⁰⁰. Entry Fees are non-refundable. A \$150⁰⁰ deposit and **tentative roster are due by Oct 1st**. Final Level 4 roster due by Tuesday, October 25th at the latest. Please fax your final roster to 510-471-0249. Payment in full is due at the time of final registration. Please make checks payable to **FLIPs**

Pacific West Gymnastics
32920 Alvarado Niles Road
Suite 210
Union City, CA 94587
Evelyn Paradis, Meet Director
Phone: 510-471-0240
Email: starschallenge@yahoo.com

_____ Gymnasts X \$75⁰⁰=\$ _____
_____ Team Entry Fee X \$10⁰⁰=\$ _____

Total Due =\$ _____
Less Deposit = -\$150.00
Remaining Balance =\$ _____