



Saturday, September 11, 2010

Levels 4, 5, & 6

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	Leotard Size CXS to AXL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Entry Fees are \$80⁰⁰ per gymnast and include a leotard. Team Fees are \$25⁰⁰ per team (top 3 scores). Entry Fees are non-refundable.

A \$150⁰⁰ deposit is due by July 10th, 2010. Remaining balance is due by August 10th, 2010. Please make all checks payable to **FLIPS**.

Please mail to:
Pacific West Gymnastics
32920 Alvarado Niles Road
Suite 210
Union City, CA 94587
Attention: Evelyn Paradis, Meet Director

_____ Gymnasts X \$80⁰⁰ = \$ _____
 _____ Team Entry Fee(s) X \$25⁰⁰ = \$ _____
 (3 scores, no designation) Circle: L4, L5, L6
 Total Due = \$ _____
 Less Deposit (due by July 10th, 2010) **-\$150.00**
 Remaining Balance (due by August 10th, 2010) = \$ _____