

FLIPS GYMNASTICS

LEVEL 7-10 STATE MEET: April 4-5, 2009

Club Name: _____ Club# _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Coach Name: _____ USAG# _____ Safety exp.date _____

Coach Name: _____ USAG# _____ Safety exp.date _____

Coach Name: _____ USAG# _____ Safety exp.date _____

USAG & Safety Cert must be up to date to be allowed on the competition floor.

#	Competitor Name	Level	Athlete USAG #	age	date of birth
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Level 7 _____ gymnasts X **\$70** = \$ _____ + Team x **\$40** = \$ _____

Level 8 _____ gymnasts X **\$70** = \$ _____ + Team x **\$40** = \$ _____

Level 9 _____ gymnasts X **\$70** = \$ _____ + Team x **\$40** = \$ _____

Level 10 _____ gymnasts X **\$70** = \$ _____ + Team x **\$40** = \$ _____

*** Write Checks out to Flips Gymnastics** **TOTAL FEES** \$ _____

Mail or fax registrations to:	FLIPS GYMNASTICS Bart Roskoski 3505 Commerce Blvd White Bear Lake, MN 55110	Phone: 651-777-4776 Fax: 651-777-9644 Email: bart@flipsgym.com
DUE MARCH 16th		