

15th Annual Gateway Challenge Invitational

February 3th-5th, 2012

Team Information Summary

Team Name: _____ Phone (____) _____

Street Address: _____ USAG # _____

City: _____, State: _____ Zip: _____

Coach Name: _____ USAG # / Exp. Date: _____
Background Check Exp Date: _____

Coach Name: _____ USAG # / Exp. Date: _____
Background Check Exp Date: _____

Coach Name: _____ USAG # / Exp. Date: _____
Background Check Exp Date: _____

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

Level 4 Gymnasts _____ @ \$85.00 = \$ _____
Level 4 Team Entry @ \$50.00= \$ _____

Level 5 Gymnasts _____ @ \$85.00 = \$ _____
Level 5 Team Entry @ \$50.00= \$ _____

Level 6 Gymnasts _____ @ \$85.00 = \$ _____
Level 6 Team Entry @ \$50.00= \$ _____

L6 (Prep Op) Gymnasts _____ @ \$85.00 = \$ _____
Level 6 Team Entry @ \$50.00= \$ _____

Level 7 Gymnasts _____ @ \$95.00 = \$ _____
Level 7 Team Entry @ \$50.00= \$ _____

Level 8 Gymnasts _____ @ \$95.00 = \$ _____
Level 8 Team Entry @ \$50.00= \$ _____

Level 9 Gymnasts _____ @ \$95.00 = \$ _____
Level 9 Team Entry @ \$50.00= \$ _____

Level 10 Gymnasts _____ @ \$95.00 = \$ _____
Level 10 Team Entry @ \$50.00= \$ _____

Please make checks payable to:

GymPAC
PO Box 309
O'Fallon IL 62269

Return Individual Entry Form & Team Entry Summary to above address or email to:

Registration@Gatewaychallenge.com

Forms and payment must be received by December 15th 2011.