Level 4 State Invitational Entry Form

Note: If this becomes a one day meet it would be on Saturday March 27th

March 27th and 28th, 2010

Team Information

Team Name:	
Gym Club Number :	
Gym Address:	
Gym Phone:	
Home Phone:	
Fax Number:	
Email Address:	

Visit www.richfieldgymnasticsclub.org to type this form, and get Directions and Hotel Information

Coach Information

Last Name	First Name	USAG#	Safety Certified? (Y/N)	Safety Cert. Exp. Date

Payment Information

Number of Level 4 Entries:	**X $60.00**	**$**
Level 4 Team Entry:	**X $40.00**	**$**
TOTAL DUE:		**$**

Please make checks payable to
RGC
Mail to the following address:
Richfield Gymnastics Club
P.O. Box 23043
Richfield, MN 55423

Gymnast Information

Last Name	First Name	Level	Date of Birth	USAG#	
		4			
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