

Justin Spring Invitational

December 12th – 13th, 2009

Entry Form

One form per level, Please print legibly
 Circle One Please: Boys or Girls

Team Name _____

Address _____

City/State/zip _____

Phone Number _____ Fax _____

Email _____ Club # _____

Coaches Attending

- | | | |
|----------|-------------|-------------------|
| 1. _____ | USAG# _____ | Safety exp. _____ |
| 2. _____ | USAG# _____ | Safety exp. _____ |
| 3. _____ | USAG# _____ | Safety exp. _____ |
| 4. _____ | USAG# _____ | Safety exp. _____ |

Please Use One Form PER Level

Last Name	First Name	USAG #	Level	Birthday	Shirt size
1/					
2/					
3/					
4/					
5/					
6/					
7/					
8/					
9/					
10/					
11/					
12/					
13/					
14/					
15/					

DEADLINE TO ENTER IS NOVEMBER 1ST
MAKE CHECKS PAYABLE TO: CHAMPAIGN COUNTY YMCA

Of Gymnasts _____ x \$ (Entry fee L4-6 \$75 / L7-10 \$85) _____ = _____

Of Teams _____ x \$50 = _____

Total = _____