

REGISTRATION FORM
Mardi Gras Invitational
February 25 - 26, 2012

TEAM NAME: _____
 TEAM ADDRESS: _____
 CITY/STATE/ZIP: _____
 Email: _____

PHONE: _____
 FAX: _____
 USAG CLUB #: _____

COACH: _____ COACH USAG #: _____ SAFETY EXP DATE: _____
 COACH: _____ COACH USAG #: _____ SAFETY EXP DATE: _____
 COACH: _____ COACH USAG #: _____ SAFETY EXP DATE: _____
 COACH: _____ COACH USAG #: _____ SAFETY EXP DATE: _____

	<u>COMPETITOR NAME</u>	<u>USAG #</u>	<u>LEVEL</u>	<u>AGE</u>	<u>DOB</u>	<u>US CIT?</u>
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Entry Fee Calculation:

# of Gymnasts	_____	x \$90.00 each =	LVL 7-10	\$	_____	-
# of Gymnasts	_____	x \$65.00 each =	Prep-Op	\$	_____	-
Team Fee	_____	x \$ 50.00		\$	_____	-
				\$	_____	-

Please, mail ENTRY FORMS and make Entry Fees Payable to the following:

GAA BOOSTER CLUB
 Attn: Jennifer Regan
 561 Thunder Ridge Drive
 Acworth, GA 30101