



Registration Form

2009 Crown of the Carolinas Invitational

November 21-22, 2009

Mail to: Thomas Gymnastics, 1807 Cherry Road, Rock Hill, SC 29732

Phone: 803.327.4332

Club Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Coach's Name **USAG#** **Safety Exp. Date** **Hoodie Size**

COPY THIS
FORM
AS NEEDED

	Athlete Name	USAG#	Birth Date	Level/Div	Hoodie Size
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

All Levels = \$65.00 / Team Fees = \$40.00 (Top 3 Scores)

Total Number of Gymnasts _____ x _____ \$65 = \$ _____

Team Fee \$40 _____ (if entering Team Competition) \$ _____

TOTAL \$ _____ Ck# _____

CHECK MUST BE INCLUDED WITH ENTRY