2010 Mardi Gras Meet

February 26, 27 & 28, 2010

Club Name_____

Club USAG #_____Club Email_____

Club Address_____

Club Phone #_____Club Fax #_____

Coach_____USAG #_____

Coach_____USAG #_____

Return with FULL payment

Payable to: Raising Stars Parent Organization (RSPO)

Mail Payment to:

Head Over Heels Gymnastics
412 Washington Street
Norwell, MA 02061

Scratch Deadline: January 15, 2010
Athlete change: At the same level until 02/01/10

Headoverheelsgym@verizon.net • www.headoverheelsma.com

Please, one level per page (copy as necessary)!

USAG (circle): Level 4 Level 5 Level 6 Level 7 Level 8 Level 9

Prep Optional (circle): Rookie Novice Intermediate Advanced Superior

Gymnast Name	USAG #	DOB	Age

# of 4-6/Prep-op Gymnasts this page _____ x 50.00 + ($25)Team Fee = $_____

# of Optional Gymnasts this page_____x 55.00 + ($25)Team Fee = $_____

GRAND TOTAL ALL LEVELS: $_____