

Pony Express Gymnastic Challenge

Team Name: _____ USA Club # _____ Phone# _____
 Team Address: _____ City: _____ State/Zip: _____
 Fax #: _____ Email: _____
 Team Coaches: _____ USA # _____ Safety Exp Date: _____
 _____ USA # _____ Safety Exp Date: _____

#	Gymnast	Level	USA# or non	Birthdate	Age	Leo Size
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

#Level 6,7,8,9,10 gymnasts _____ X \$110 = _____

#Xcel Diamond/Platinum gymnasts _____ X \$110 = _____

#Level 3,4,5, Xcel B,S,G gymnasts _____ X \$95 = _____

Make Checks Payable to:

Arising Stars Gymnastics/Robin Weidmaier

12061 Victory Drive, Country Club MO 64506

Entry Due: Oct 1, 2018 * no refunds after November 9, 2018

Total Enclosed _____