

Compulsory Kickoff

December 9-10, 2017

Club Name: _____
 Person of Contact: _____
 Phone: _____

		Gymnast's	
Level 4	x \$85		
Level 5	x \$85		
Level 6	x \$85		
Level 7	x\$85		

		Teams entered x \$50 ea
Level 4		
Level 5		
Level 6		
Level 7		

Total gymnast's entry \$ Total team entry\$

Total Gymnast's and Team's -----\$

****Entry Due--November 1, 2017**

Check Payable to:

North Shore Gymnastics Association

