

TINSEL TWIST INVITATIONAL 2024 REGISTRATION FORM

CLUB NAME: _____ USAG CLUB #: _____

CLUB ADDRESS: _____

CLUB PHONE: _____ EMAIL: _____

CONTACT NAME: _____ PHONE: _____

LEVEL	# OF ATHLETES	X \$125		TOTAL
LEVEL 1		X \$125	=	\$
LEVEL 2		X \$125	=	\$
LEVEL 3		X \$125	=	\$
LEVEL 4		X \$125	=	\$
LEVEL 5		X \$125	=	\$
LEVEL 6		X \$125	=	\$
LEVEL 7		X \$125	=	\$
LEVEL 8		X \$125	=	\$
LEVEL 9		X \$125	=	\$
LEVEL 10		X \$125	=	\$
XCEL B/S/G		X \$125	=	\$
XCEL P/D/SA		X \$125	=	\$

TOTAL ENTRY FEES \$ _____

TOTAL # OF TEAMS X\$50 = \$ _____

TOTAL DUE \$ _____

CIRCLE EACH LEVEL YOU ARE ENTERING INTO TEAM COMPETITION:

LEVEL	1	2	3	4	5	6	7	8	9	10
EXCEL	BRONZE	SILVER	GOLD	PLATNIUM	DIAMOND	SAPPHIRE				

All athletes MUST be registered via the USAG Online Reservation System.

**Fees must be paid in full.*

Mail Forms and Checks to: ATTN. TINSEL TWIST, 2004 S. Mason Road, Katy, TX 77450

Make Checks Payable To: Grace Gymnastics *One check per gym.

or

Email Forms and Credit Card Authorization To: tinseltwistinvisational@gmail.com.

Subject: Tinsel Twist Credit Card Payment *A 3% fee will be assessed for credit card payments.

Deadline: November 15, 2024.