



2020 Level 8-10 Region 1 Gymnastics Championships

Club Name: _____ USAG Club #: _____

E-Mail: _____ Contact: _____ Cell # _____

Coaches Attending

Name: _____ USAG# _____ Name: _____ USAG# _____

Name: _____ USAG# _____ Name: _____ USAG# _____

Name: _____ USAG# _____ Name: _____ USAG# _____

#	* if petitioned	Name (please print clearly)	Level	List Event(s) if specialist in Level 9 or 10	Print G if graduating Senior
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Number of Gymnasts attending _____ x \$125.00=

\$_____ Please make check payable to: **FLIP's**

***No refunds (except petitions not approved)**

**** This form is simply for attaching payment.**

You MUST enter your athletes into Regionals on the USA Gymnastics Meet Reservation System when you are finished competing (no later than Monday night).