

Great Northern Boys Invitational

Team Name: _____
Address: _____

Phone: _____ **Fax:** _____
E-mail: _____

Coach Name	USAG Pro #	Safety Exp.	Bkgrnd \checkmark Exp

	Gymnast Name	USAG#	Level*	Birthdate	Age (5/30/2021)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

* Please indicate which gymnasts will be performing JE Technical Sequences

Teams

Level 4	
Level 5	
Level 6	
Level 7	
Level 8	
Level 9	
Level 10	

Level 4 gymnasts	\$100 x		=	
Level 5 - 10 gymnasts	\$120 x		=	
Junior Elite gymnasts	add \$30 x		=	
Team entries	\$75 x		=	
Total				

Please make checks payable to Great Northern Gymnastics. Thank you.