

# THE BIG CHILL Gymnastics Meet Entry Form (Boys)

## February 3-5 2017

Date \_\_\_\_\_

Club Name \_\_\_\_\_  
 Club Address \_\_\_\_\_  
 Zip \_\_\_\_\_

Club # \_\_\_\_\_  
 City \_\_\_\_\_  
 Phone \_\_\_\_\_

Team Name \_\_\_\_\_

\*\*\*\* Coach's Name \_\_\_\_\_ Coach USAG # \_\_\_\_\_ Safety Exp \_\_\_\_\_ Background \_\_\_\_\_

#1 \_\_\_\_\_  
 #2 \_\_\_\_\_  
 #3 \_\_\_\_\_

Email address \_\_\_\_\_

**\*\*If sizes are not provided you will receive a Child Large for ages 10 & Under and Adult Small for 11 & Over**

	Athlete Name	USAG#	Level	Date of Birth	Age	T-Shirt Size
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

# OPTIONALS \_\_\_\_\_ @ \$95.00 / gymnast = \_\_\_\_\_  
 # COMPULSARIES \_\_\_\_\_ @ \$95.00 / gymnast = \_\_\_\_\_  
 # TEAMS \_\_\_\_\_ @ \$25.00 / team = \_\_\_\_\_

CLUB Check # \_\_\_\_\_ TOTAL AMOUNT DUE BY JANUARY 7<sup>TH</sup> \_\_\_\_\_

Make Check Payable to : THE BIG CHILL

Send Completed Form & Payment to :

FLYING HIGH

Meet Entry Deadline : January 7<sup>th</sup>, 2017

ATTN: BIG CHILL

5400 East Ave.

**NO REFUNDS AFTER JANUARY 12<sup>TH</sup>, 2017**

COUNTRYSIDE, IL 60525