

Team Name:			Gym Phone: () -
Mair	n Contact:	Email:		
Coach Name and Cell:			/() -	
CHECK MEET DATE ENTERING:		December 1 January 14 February 11	5 - ACHIEVEMENT (D 17 - ACHIEVEMENT (D - ACHIEVEMENT (Du 1 - ACHIEVEMENT (D 3 - CHAMPIONSHIPS	Due Nov. 12) e Dec. 15) ue Jan. 7)
	Gymnast Name (Ple	<u> </u>	Level	Date of Birth
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
ACHIEVEMENT MEETS (NOV., DEC., JAN., FEB.) \$50 x			(# of gymnasts) = \$	Total Due
		CHAMPIONSHIPS OI	VLY	
ENTE	RY FEE: \$85 x (# of	gymnasts) = \$	Sub Total	
<u>TEAN</u>	1 ENTRY FEE: \$45 x (# of	·		
	LEVEL 1LEVEL 2	LEVEL 3E		
			\$ <u></u>	Total Due
Retur	n to: Barron Gymnastics, 5411 Jedmed	 Ct St Louis MO 63129 /	(314) 892-6909 / Checks	to "Barron Gymnastics"

Return to: Barron Gymnastics, 5411 Jedmed Ct., St. Louis, MO 63129 (314) 892-6909 / Checks to "Barron Gymnastics" League Director: Melissa Barron - melissa@barrongymnastics.com