

TWISTED MOOSE ~ February 25-26, 2012

Team Name: _____ Club# _____ Phone: _____

Address: _____ Email: _____

Coach Name: _____ USAG# _____ Safety exp.date _____

Coach Name: _____ USAG# _____ Safety exp.date _____

	Competitor Name	Level	Athlete USAG #	age	date of birth
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Xcel Bronze _____ gymnasts X \$40 = \$ _____ + Team \$40 = \$ _____

Xcel Silver _____ gymnasts X \$40 = \$ _____ + Team \$40 = \$ _____

Xcel Gold _____ gymnasts X \$50 = \$ _____ + Team \$40 = \$ _____

Xcel Platinum _____ gymnasts X \$50 = \$ _____ + Team \$40 = \$ _____

Level 4 _____ gymnasts X \$70 = \$ _____ + Team x \$45 = \$ _____

Level 5 _____ gymnasts X \$70 = \$ _____ + Team x \$45 = \$ _____

Level 6 _____ gymnasts X \$70 = \$ _____ + Team x \$45 = \$ _____

Level 7 _____ gymnasts X \$100 = \$ _____ + Team x \$45 = \$ _____

Level 8 _____ gymnasts X \$100 = \$ _____ + Team x \$45 = \$ _____

Level 9 _____ gymnasts X \$100 = \$ _____ + Team x \$45 = \$ _____

Level 10 _____ gymnasts X \$100 = \$ _____ + Team x \$45 = \$ _____

TOTAL FEES \$ _____

DEPOSIT PAID \$- _____

BALANCE DUE: \$ _____

**REGISTRATION
FORMS DUE BY:
DECEMBER 30, 2011**

**MAKE CHECKS
PAYABLE TO:
Flips Gymnastics**

MAIL TO:
FLIPS GYMNASTICS
Attn: Bart Roskoski
3505 Commerce Blvd
White Bear Lake, MN
55110

Phone: 651-777-4776
Fax: 651-777-9644

EMAIL:
bart@flipsgym.com

WEBSITE:
twistedmoosemn.com