

Thompsons Gymnastics'

Spring Fling



Thompsons Gymnastics
 200 Old Lyman Rd.
 South Hadley, MA 01075
 P. 413-532-0374 F. 413-532-7053

Club Name: _____ Phone: _____

Email: _____ Fax: _____

Club Address: _____

City: _____ State: _____ Zip: _____

Club USAG# _____

Coach's Name	USAG #	Safety Exp. Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

	Gymnasts Name	USAG#	Level	Date of Birth
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Registration Deadline:
Wednesday, March 10, 2010

Top 3 scores count toward your team score.
 Entries are taken on a first come first served basis.
 Enter early to insure your spot.
 Competition is in a warm-up compete format.
 Scratch Refund Deadline: March 10th.

	#	Total
All Gymnasts _____	X \$50=	_____
Teams _____	X \$20=	_____
Make checks payable to Thompsons Gymnastics.	Total	_____

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Club Name: _____ Phone: _____

	Gymnasts Name	USAG#	Level	Date of Birth
16				
17				
18				
19				
20				
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