Charleston Cup 2009 - Entry Form

Please use a seperate entry form for each level and indicate whether Team or Allstar.

MAIL TO: 2009 Charleston Cup
1 Cutchin Court
Charleston, SC 29414

ENTRY DEADLINE IS DECEMBER 15, 2008.

Make checks payable to: Charleston Cup Gymnastics

Gym Name:_____ USAG Club No:_____

Address:_____ City/State/Zip:_____

Phone: Gym_____ Coaches _____USAG #_____
Home:_____ _____ USAG #_____

Fax: _____ Email Address:_____

NAME OF GYMNAST	LEVEL	USGF NO.	D.O.B.	TEAM (1,2,3) or Allstar

Gymnasts not registered until payment is received.

No refunds and/or level changes after Jan. 15, 2009)

$90.00 X _____ LV 4-10, PO Gymnasts= _____

$45.00 X_____LV 2-3 Gymnasts = _____

$50.00 X _____ TEAMS=_____

TOTAL ENCLOSED=_____ Ck No:_____