

# Dream On the Lake

Gymnastics Invitational

Deadline Dec. 6th

## Athlete & Team Registration Form

### Team Information

Team Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Team Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ USAG Club #: \_\_\_\_\_

### Coach Information

Coach Name: \_\_\_\_\_ USAG #: \_\_\_\_\_  
 Coach Name: \_\_\_\_\_ USAG #: \_\_\_\_\_  
 Coach Name: \_\_\_\_\_ USAG #: \_\_\_\_\_  
 Coach Name: \_\_\_\_\_ USAG #: \_\_\_\_\_

	<u>Gymnast's Name</u>	<u>USAG#</u>	<u>Level</u>	<u>Age</u>	<u>Birthdate</u>	<u>T-shirt Size</u>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Please complete the following payment information: Make All Checks Payable to: **Lakettes**

### 1. Team Fees (Top 3 Scores)

L2 @ \$60 = \_\_\_\_\_ L6 @ \$60 = \_\_\_\_\_  
 L3 @ \$60 = \_\_\_\_\_ L7 @ \$60 = \_\_\_\_\_  
 L4 @ \$60 = \_\_\_\_\_ L8 @ \$60 = \_\_\_\_\_  
 L5 @ \$60 = \_\_\_\_\_ L9 @ \$60 = \_\_\_\_\_  
 Xcel @ \$60 = \_\_\_\_\_ L10 @ \$60 = \_\_\_\_\_

### 2. Gymnast Fees

L2 - L5 @ \$90/gymnast = \_\_\_\_\_  
 L7 - L10 @ \$90/gymnast = \_\_\_\_\_  
 Xcel @ \$90/gymnast = \_\_\_\_\_

### Payment

1. Total Team Fees: \_\_\_\_\_  
 2. Total Gymnast Fees: \_\_\_\_\_  
 Total Amount Enclosed: \_\_\_\_\_