Gym Name: _____
Address: _____
Cit, State & Zip: _____
Phone #: _____
Fax #: _____
Gym Email: _____

Compulsory Form Due: August 6th Optional Form Due: Nov. 21st

Return to Sarah Myers
Kidsport Gymnastics Academy
Attn: Sarah Myers
3370 South Church Stret
Burlington, NC 27215
or Fax: 336-586-0755
or sarah.myers@mac.com

Meet Attending:	Date of Meet:	LVL 3	LVL 4	LVL 5	LVL 6	LVL 7	LVL 8	LVL 9	LVL 10	Bronze 1	Bronze 2	Silver	Gold	Platinum	TOTAL:

*****Please put the number of gymnasts that you plan on competing in each level for each meet*****