



CHAMPION GYMNASTICS 2017 CHAMPION CHALLENGE

Gym _____ Phone _____ E-mail _____
Address _____ Club USAG # _____
City _____ State _____ Zip _____
Coach Name _____ USAG # _____ Safety Cert. Exp. _____
Coach Name _____ USAG # _____ Safety Cert. Exp. _____
Coach Name _____ USAG # _____ Safety Cert. Exp. _____

Gymnast Name	Level	USAG #	Birthdate	Age

Please send entries to:

Champion Gymnastics
11100 Plantside Drive
Louisville, KY 40299

Make checks payable to:

Champion Gymnastics
Total # of Teams (2-5 & Xcel) _____ x \$50 = _____
Total # of Levels PT, 1, & DB _____ x \$45 = _____
Total # of Level 2-5 _____ x \$55 = _____
Total # of Xcel B/S/G _____ x \$55 = _____
Total # of Xcel P/D _____ x \$65 = _____
TOTAL: _____