



# CHAMPION GYMNASTICS 2018 CHAMPION CHALLENGE

## Developmental Entry Form - Non Sanctioned

Gym \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Coach Name \_\_\_\_\_

Coach Name \_\_\_\_\_

Coach Name \_\_\_\_\_

Gymnast Name	Level	Birthdate

Please send entries to:

Champion Gymnastics  
11100 Plantside Drive  
Louisville, KY 40299

Make checks payable to:

Champion Gymnastics  
Total # of Levels Pre-Team, Level 1 , Boys Level 3

\*Per the KY Revenue Department all Entry Fees are subject to a 6% Sales Tax

\_\_\_\_\_ x \$45\* = \_\_\_\_\_  
= \_\_\_\_\_  
TOTAL = \_\_\_\_\_