CHAMPION GYMNASTICS
2018 SUPER BOWL 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: _____