



**CHAMPION GYMNASTICS
2025 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
2531 Blankenbaker Parkway
Louisville, Ky 40299**

Make checks payable to:

Champion Gymnastics

Total # of Girls Pre-Team, Level 1, Boys Level 1 & 2
_____ x \$75* = _____

***Per the KY Revenue Department all Entry Fees have a 6% Sales Tax included.**