Winter Co-Ed Classic

Competition Entry Form
Level 5 - 10

December 5 & 6, 2009 Hosted by Branch Gymnastics

Team Name _____ Club # _____
Team Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____
Primary Contact (If other than head coach) _____ Phone _____

Coaches	USAG#	Saftey Cert. Exp. Date

Gymnast Name	USAG#	M/F	Level	Date of Birth	US Citizen Y/N

Please Send Entry & Payment to : Branch Gymnastics 393 N Helmer Rd., Battle Creek, MI 49037
Phone: 269-963-4770 Fax: 269-963-3678