

INFINITY

GYMNASTICS ACADEMY

Feb 19-21, 2010



Mission Impossible

***** Meet entry form—Due Date January 15 , 2010**

Club Name _____ Club # _____ Contact _____

Address _____ City _____ State _____ Zip _____

Gym phone _____ fax _____ Email _____

Attending Coaches include—USAG Professional # and Safety Cert Exp Date (MM/DD/YYYY)

1. _____ 2. _____

3. _____ 4. _____

Gymnast Name:				Age	Birth Date	Level	LEOTARD SIZE Child: XS, S, IC, M, L Adult: S, M, L, XL
First	Last						
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

FUN MEET
FORM

Entries and fees must be postmarked by due date, January 15, 2010, or a late fee of \$10/gymnast will be charged—

Fun Meet _____ x \$60.00 _____
 Team Entries _____ x \$40.00 _____
 Specify Team Levels _____ TOTAL \$ _____

*****One Trophy per team entry*****

Please make checks to :
INFINITY GYMNASTICS ACADEMY
12420 E. Grand River Ave.
Brighton, MI 48116

Phone: 810-227-4966 Fax: 810-229-4998
 E-Mail: inifinitygymacad@aol.com
 www.infinitygymnastics.com