#  Brestyan’s Las Vegas image001

## February 8-10, 2017

Team Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Team Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gym Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Club#\_\_\_\_\_\_\_\_\_\_\_\_**

**Coaches Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pro#\_\_\_\_\_\_\_\_\_\_\_\_ Coaches Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pro#\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Coaches Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pro#\_\_\_\_\_\_\_\_\_\_\_\_ Coaches Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pro#\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Coaches Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pro#\_\_\_\_\_\_\_\_\_\_\_\_ Coaches Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pro#\_\_\_\_\_\_\_\_\_\_\_\_\_**

http://www.brestyanlasvegas.com

***Use form below, or attach your own roster, including all information below***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Competitor Name** | **Level** | **USAG**  | **Date of Birth** | **Year of** **High School Grad.** |
| **Type or print** |  | **Athlete Number** | **mm/dd/yy** | **Level 10 Only** |
|  1) |  |  |  |  |
|  2) |  |  |  |  |
|  3) |  |  |  |  |
|  4) |  |  |  |  |
|  5) |  |  |  |  |
|  6) |  |  |  |  |
|  7) |  |  |  |  |
|  8) |  |  |  |  |
|  9) |  |  |  |  |
| 10) |  |  |  |  |
| 11) |  |  |  |  |
| 12) |  |  |  |  |
| 13) |  |  |  |  |
| 14) |  |  |  |  |
| 15) |  |  |  |  |
| 16) |  |  |  |  |
| 17) |  |  |  |  |
| 18) |  |  |  |  |
| 19) |  |  |  |  |
| 20) |  |  |  |  |

**Please mail this form to:** Academy of Gymnastics & Dance

1000 Stephanie Place Suite #1, Henderson NV 89014

phone: 702.795-3332 ~ email: academymeetinfo@gmail.com

**Entry Fees : $120 LV 6-10 / $100 Level 2-5/$90 Xcel $50 Team Fees**

3 gymnasts per level constitute a team and will automatically be entered into team competition (no LV 2)

Entry payment preferred on a single club check **– NO REFUNDS AFTER ENTRY DEADLINE**

## ENTRY DEADLINE DUE DATE IS NOVEMBER 1st, 2016

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