



Brestyan's Las Vegas

February 8-10, 2017

Team Name: _____

Team Address: _____

City: _____ State: _____ Zip: _____

Gym Phone: _____ Contact: _____

E-mail: _____ Club# _____

Coaches Name: _____ Pro# _____ Coaches Name: _____ Pro# _____

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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