

2018 MEET BY THE BAY

October 7, 2018

ENTRY FORM

Club Name: _____ Club # _____
 Club Address: _____ Club Fax # _____
 City: _____ State: _____ Zip: _____ Email _____

Coach/Level: _____ USAG #: _____ SafeSport _____ U100 _____ Safety Exp. _____
 Coach/Level: _____ USAG #: _____ SafeSport _____ U100 _____ Safety Exp. _____
 Coach/Level: _____ USAG #: _____ SafeSport _____ U100 _____ Safety Exp. _____

GYMNAST NAME Please print clearly	Phonetic Name	USAG #	LEVEL	DATE OF BIRTH	T-SHIRT SIZE	LEOTARD SIZE

of Gymnasts: _____ X \$75.00 (Before September 7) = \$ _____ Enclosed
 # of Gymnasts: _____ X \$80.00 (After September 7) = \$ _____ Enclosed

Please make the check out to: Gymtowne Gymnastics SSF
 Mail all entries to: **Bill Strom, Meet Director**
 Gymtowne Gymnastics
 389 Oyster Point Blvd., Suite 5
 South San Francisco, CA 94080