

# 2017 KALAHARI LUAU IN LEOS ENTRY FORM

E-MAIL THIS COMPLETED FORM TO:  
amy@newheightsathletics.com

March 10-12, 2017

ENTRY DEADLINE: December 1, 2016 (Pd in Full)

Guarantee Your Spot with \$100 Dep by 9/30/16 !



# LUAU IN LEOS

Club Name:		Club USAG Number:	
Address:	City:	State:	Zip:
Contact Person:	Phone:	Contact e-mail:	

	GYMNAST'S NAME	LEVEL	USAG NUMBER	Date of Birth	US Citizen
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

	COACHES NAMES	USAG NUMBER	SAFETY CERT. EXP.
1			
2			
3			
4			

NUMBER OF INDIVIDUAL GYMNASTS		FEE	TOTAL
Total Number of Gymnasts	x	\$100 per gymnast =	\$
Total Number of Teams	x	\$50 per team level =	\$
			\$
		check #	

**Please mail check to:**  
New Heights Gymnastics  
PO Box 548  
Wauseon, OH 43567

Make check payable to:  
**New Heights Gymnastics**