Here Comes Summer 2010
Sunday, June 6th
Docksiders Gymnastics

Gymnast Name	Level	USAG	Birthdate *

Team Name : _____

Address: _____

City : _____State:_____Zip:_____

Coaches: _____USAG # _____

_____USAG # _____

Gym Phone: _____Gym Email Address_____

Total Number of Compulsories: _____ * 55.00 = _____

Total Number of Optionals: _____ * 65.00 = _____

Total: _____

Mail entry to:

Maryland Gymnastics,
P.O. Box 561
Millersville, MD 21108