

2014 Basel's Christmas Clinic: 12/27-28/2014

CLUB NAME:		E-MAIL:			
CLUB ADDRESS		CITY	STATE	ZIP	PHONE
COACHES ATTENDING	COACHES NAME		COACHES NAME		
	COACHES NAME		COACHES NAME		

First Name	Last Name	Level	Age
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

# of Gymnasts, Levels 4 - 7		\$40 each	
# of Gymnasts, Levels 8-10		\$40 each	
# of Gymnasts, registered on 12/27-28		\$10 Late Fee	
		Total Fee Enclosed	

A completed release form for each athlete and coach must accompany this form.