



GymJam Foundation Presents Heart of a Champion Invitational

Preliminary Roster Due by November 15, 2013

REGISTRATION FORM

GYM NAME: _____
 CONTACT PERSON: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____

PHONE: _____
 FAX: _____
 EMAIL: _____
 USAG CLUB # _____

COACH	USAG #	SAFETY EXP	BACKGROUND EXP

GYMNAST	LEVEL	USAG#	BIRTH DATE	AGE

ACCEPTING PROSCORE 5 ENTRY FILES
AND EXCEL FILES BY EMAIL

ATTACH ADDITIONAL
PAPERS TO THIS FORM

**CHECKS PAYABLE TO:
 GYMJAM FOUNDATION**
 26515 Ruether Ave., Santa Clarita, CA 91350
 Meet Director: Kathleen Chan
 (661) 750-4370 FAX: (661) 251-9968
www.heartofachampionmeet.com
 Team: L3__L4__L5__L6__L7__L8__L9__L10__

# Level 6-10/OPEN	X	\$105	=	\$	
# Level 2-5 XCEL	X	\$75	=	\$	
# T&T	X	\$75	=	\$	
# Team	X	\$50	=	\$	
TOTAL DUE \$ _____					