

MO STATE CLINIC

August 10 – 11, 2007

Team Name: _____

Team Address: _____

Team Contact Name: _____

Team Contact Number: (_____) _____ - _____

Gymnast	USAG#	Level
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Total Number of Gymnasts: _____ X \$10.00 = _____

Please remit payment to: **Scott Cusimano - GymQuarters**
92 Hubble Drive
O'Fallon, MO 63368

Entries must be received by August 5th

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August 10 – 11, 2007

Additional entries

Gymnast	USAG#	Level
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		
32.		
33.		
34.		
35.		