



**EAST BAY SPORTS ACADEMY
SUPERHERO CHALLENGE
SEPTEMBER 24, 2016
MEET REGISTRATION FORM
COMPULSORY LEVELS 2, 3, 4, 5**



CLUB INFORMATION

CLUB NAME: _____ PHONE: _____ FAX: _____
 CLUB ADDRESS: _____ CITY/STATE: _____ ZIP: _____
 CONTACT NAME: _____ EMAIL: _____ CLUB#: _____
 COMP. LEO COLOR(S): _____

COACH INFORMATION

COACH NAME: _____ USAG#: _____ USAG EXP: _____ SAFETY: _____ BACKGROUND: _____
 COACH NAME: _____ USAG#: _____ USAG EXP: _____ SAFETY: _____ BACKGROUND: _____
 COACH NAME: _____ USAG#: _____ USAG EXP: _____ SAFETY: _____ BACKGROUND: _____
 COACH NAME: _____ USAG#: _____ USAG EXP: _____ SAFETY: _____ BACKGROUND: _____

GYMNAST NAME	LEVEL	USAG#	BIRTHDATE/AGE	LEOTARD SIZE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

NUMBER OF GYMNASTS _____ @ \$90.00 (IF FULLY PAID BY AUGUST 6, 2016) = _____
 NUMBER OF GYMNASTS _____ @ \$95.00 (IF PAID AFTER AUGUST 6, 2016) = _____
 TEAM FEE _____ @ \$25.00 PER LEVEL (LEVELS: 2 3 4 5 (CIRCLE)) = _____
 TOTAL AMOUNT DUE: PLEASE MAKE CHECK PAYABLE TO **STARROW BOOSTER CLUB** = _____

CONTACT INFORMATION: MEET DIRECTOR: Cliff Parks
 EMAIL: starrowbooster@gmail.com
 PHONE: 925-680-9999
www.starrowbooster.wix.com/starrowboosterclub

\$200 DEPOSIT AND ROSTER TO HOLD SPOT
 FINAL PAYMENT DUE BY AUGUST 20, 2016
 NO REFUNDS AFTER SEPTEMBER 1, 2016,
 (EXCEPT IN CASE OF INJURY)

MAIL TO GYM:
 EAST BAY SPORTS ACADEMY
 1441 FRANQUETTE AVE SUITE C
 CONCORD, CA 94520