



# 2018 Boys Steel City Invitational

## Dec 8 - 9

### Level 4 - 10 and JD and X-cel

(Please send us an-email or text to verify that you will be attending)

Team Name \_\_\_\_\_ USAG Club # \_\_\_\_\_

Club Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Gym E-mail \_\_\_\_\_

Contact Coach \_\_\_\_\_ Cell : \_\_\_\_\_ Email \_\_\_\_\_

Email contact if other than coach: \_\_\_\_\_ (position) \_\_\_\_\_

Coach \_\_\_\_\_ USAG# \_\_\_\_\_ Safety Expiration \_\_\_\_\_ Back expiration \_\_\_\_\_ Tsize \_\_\_\_\_

Coach \_\_\_\_\_ USAG # \_\_\_\_\_ Safety Expiration \_\_\_\_\_ Back expiration \_\_\_\_\_ T-size \_\_\_\_\_

Coach \_\_\_\_\_ USAG # \_\_\_\_\_ Safety Expiration \_\_\_\_\_ Back expiration \_\_\_\_\_ Tsize \_\_\_\_\_

	<u>Gymnast's Name</u>	<u>USAG#</u>	<u>Birth Date</u>	Level	T-Shirt Size CM or CL AS AM AL AXL
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____

\*All gymnasts will receive an all-around award and a t-shirt.

Entry Registration Form continued

Team Name \_\_\_\_\_

Entry Deadline October 15 , 2018

# of gymnasts			Total amt.	(3 scores count) Check Team entry
Level 4.1	_____	@ \$85 =	_____	___ Yes
Level 4.2	_____	@ \$85 =	_____	___ Yes
Level 5.1	_____	@ \$85 =	_____	___ Yes
Level 5.2	_____	@ \$85 =	_____	___ Yes
Level 6.1	_____	@ \$85 =	_____	___ Yes
Level 6.2	_____	@ \$85 =	_____	___ Yes
Level 7.1	_____	@ \$85 =	_____	___ Yes
Level 7.2	_____	@ \$85 =	_____	___ Yes
Level 8	_____	@ \$85 =	_____	___ Yes
Level 9	_____	@ \$85 =	_____	___ Yes
Level 10	_____	@ \$85 =	_____	___ Yes
Level JD	_____	@ \$85 =	_____	___ Yes
x-cel	_____	@85 =	_____	___ Yes

Total Gymnasts \_\_\_\_\_ Total meet fee \_\_\_\_\_ Total # Teams \_\_\_\_\_ @ \$50 = \_\_\_\_\_

Total Entry Fee Enclosed: Check # \_\_\_\_\_ Amount Paid: \_\_\_\_\_

**\*\*Entry Deadline: October 15, 2018**

Payment must be received by the deadline.

+Entry Fees should be made **payable to Jewart's Gymnastics**

**No refunds** after November 18th.

Send Entry-Registration Form and Fees to:

Elaine Jewart  
 4708 Wildwood Sample Rd.  
 Allison Park, PA 15090  
[ejewart@jewarts.com](mailto:ejewart@jewarts.com) 412-487-1929

Meet Director: [asjewart@gmail.com](mailto:asjewart@gmail.com) 724-561-9950

You can complete your registration with this download and e-mail it or send your roster with complete team information including athletes info and t-shirt sizes to [ejewart@jewarts.com](mailto:ejewart@jewarts.com)

See you in December. Elaine Jewart