

# Harvest Invitational

October 11-12, 2008 @ North St. Paul High School

Hosted By: Rising Stars Gymnastics Academy

Phone: 651/730-4376 \*\* Fax: 651/731-1215 \*\* Email: [team@risingstarsgym.com](mailto:team@risingstarsgym.com)

**Entry Deadline is September 12, 2008 \* No refunds after deadline**

Gym Name: \_\_\_\_\_ Club #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Coach Name: \_\_\_\_\_ USAG # \_\_\_\_\_ Safety Cert? Y / N

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|    | Competitor | Level | USAG # | Date of Birth | Age | T-Shirt Size |
|----|------------|-------|--------|---------------|-----|--------------|
| 1  |            |       |        |               |     | CL AS AM AL  |
| 2  |            |       |        |               |     | CL AS AM AL  |
| 3  |            |       |        |               |     | CL AS AM AL  |
| 4  |            |       |        |               |     | CL AS AM AL  |
| 5  |            |       |        |               |     | CL AS AM AL  |
| 6  |            |       |        |               |     | CL AS AM AL  |
| 7  |            |       |        |               |     | CL AS AM AL  |
| 8  |            |       |        |               |     | CL AS AM AL  |
| 9  |            |       |        |               |     | CL AS AM AL  |
| 10 |            |       |        |               |     | CL AS AM AL  |
| 11 |            |       |        |               |     | CL AS AM AL  |
| 12 |            |       |        |               |     | CL AS AM AL  |
| 13 |            |       |        |               |     | CL AS AM AL  |
| 14 |            |       |        |               |     | CL AS AM AL  |
| 15 |            |       |        |               |     | CL AS AM AL  |
| 16 |            |       |        |               |     | CL AS AM AL  |
| 17 |            |       |        |               |     | CL AS AM AL  |
| 18 |            |       |        |               |     | CL AS AM AL  |
| 19 |            |       |        |               |     | CL AS AM AL  |
| 20 |            |       |        |               |     | CL AS AM AL  |

(If you need more room, please copy this form)

# of **Level 4** Gymnasts \_\_\_\_\_ x \$55.00 = \_\_\_\_\_ + **Level 4** Team Entry Fee (\$45.00) = \_\_\_\_\_

# of **Level 5** Gymnasts \_\_\_\_\_ x \$60.00 = \_\_\_\_\_ + **Level 5** Team Entry Fee (\$45.00) = \_\_\_\_\_

# of **Level 6** Gymnasts \_\_\_\_\_ x \$60.00 = \_\_\_\_\_ + **Level 6** Team Entry Fee (\$45.00) = \_\_\_\_\_

Please mail completed entry to: Rising Stars Gymnastics at 520 Hayward Avenue North – Oakdale, MN 55128 Make checks payable to Rising Stars Gymnastics Academy. Please note: Gymnasts will not be registered until payment is received. **PLEASE MAKE SEPARATE CHECKS FOR HARVEST INVITATIONAL AND RISING STARS INVITATIONAL.**