



PRELIMINARY ENTRY FORM

Team (Club) Name: _____

Email address: _____

Phone Number: _____

Address: _____

Approximate athlete count per level:

Level 4	_____	(\$90)*
Level 5	_____	(\$90)*
Level 6	_____	(\$90)*
Level 7	_____	(\$110)*
Level 8	_____	(\$110)*
Level 9	_____	(\$110)*
Level 10 (O)	_____	(\$110)*

*Entry fees are not due with this form. These prices will apply with your final roster, due December 1, 2010.

We expect the competition to fill, as it has done for the past 5 years. Thank you for your support. We vow to bring to you the very best competition we are able. Please email with questions: meets@gymnasticsrevolution.com.

Please enclose with this form a non-refundable deposit of \$100, which will be applied to your total. Make checks payable to: G.R.P.A
PO Box 151
Bethel, CT 06801