



Stingrays Winner Jam Invitational

Please make separate copies for each level

Gym Name:	
Address:	
Phone:	Fax:
Email:	
Club #:	
Level:	

Coaches Name	USAG # / AAU	Safety Expiration	Background Expiration
First Name	Last Name	Membership #	DOB

Gymnasts _____ X \$75.00= _____ Team X _____ \$50.00= _____

Gymnasts _____ X \$85.00= _____ Team X _____ \$50.00= _____

Make check payable to Stingrays

Mail it to: ATTN: Vickie Mouser at 199 Hickory Lane Cartersville, GA 30120