



# *Stingrays Winner*

# *Jam Invitational*

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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