



MGC MASSTARS 2012 Starlight Invitational



Please complete this form to summarize your team entry, **attach a copy of your team roster of competitors**, and submit with **payment in full; checks made payable to: Friends of Gymnastics.**

Mail entries to: Friends of Gymnastics
PO Box 540514
Waltham, MA 02454-0514

PLEASE INCLUDE USAG NUMBERS AND DATE OF BIRTH FOR ALL COMPETING GYMNASTS.

INCOMPLETE ENTRIES and THOSE RECEIVED WITHOUT PAYMENT IN FULL CANNOT BE PROCESSED.

Gym Name: _____ Phone number: _____
Gym address: _____
Primary contact email address: _____

_____ x \$100 / gymnast = \$ _____
Total # of Gymnasts entered (all levels)

_____ x \$ 45 / team = \$ _____
Total # of Teams* entered
(*all levels: top 3 scores count)

_____ x \$5/gymnast (sectional fee) = \$ _____
(Total # of gymnasts using meet as a sectional)

TOTAL: \$ _____