

# OFFICIAL ENTRY FORMS

**No other forms will be accepted!**

**Both Pages 1 and 2 must be completed with check payable to CHGA**

## Monopoly Madness Meet

Please Return to:

The Gymnastics Academy of Cherry Hill  
c/o Ronda R. Urkowitz  
5 Larwin Road  
Cherry Hill, NJ 08034

### Levels 3 to 10 If Registration Postmarked BY September 17, 2010

A. Total number of Gymnasts \_\_\_\_\_ X \$60.00= \$ \_\_\_\_\_ (A)

### Levels 3 to 10 if Registration Postmarked AFTER September 17, 2010

B. Total number of Gymnasts \_\_\_\_\_ X \$65.00= \$ \_\_\_\_\_ (B)

Teams- indicate YES or NO (minimum of 3 gymnasts per team- one team per gym level)

Level 3: \_\_\_\_\_

Level 4: \_\_\_\_\_

Level 5: \_\_\_\_\_

Level 6: \_\_\_\_\_

Level 7: \_\_\_\_\_

Level 8: \_\_\_\_\_

Level 9: \_\_\_\_\_

Level 10: \_\_\_\_\_

C. Total number of teams entered \_\_\_\_\_ X \$35.00= \_\_\_\_\_ (C)

TOTAL Amount Due:

(A) \_\_\_\_\_ + (B) \_\_\_\_\_ + (C) \_\_\_\_\_ = \$ \_\_\_\_\_

Please make check payable to CHGA

Entry Deadline: Postmarked by September 24, 2010

Gym Team Name: \_\_\_\_\_

**Please Return Pages 1 & 2 to:**  
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 5 Larwin Road  
 Cherry Hill, NJ 08034

**Make additional copies if necessary.  
 Please be sure to include Page 1 Entry form**

## USA GYMNASTICS COMPETITION ENTRY FORM

Name of Meet: Monopoly Madness Invitational 2010 Date(s): October 9 & 10, 2010

TEAM NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

TEAM ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COACH(ES) NAME(S): \_\_\_\_\_

COACH USAG #: \_\_\_\_\_ SAFETY CERTIFIED:  YES  NO

CLUB #: \_\_\_\_\_



GYMNAST REGISTRATION #	COMPETITOR NAME	LEVEL	AGE DIVISION	DATE OF BIRTH	US CITIZEN?
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					

Gym Team Name: \_\_\_\_\_