20TH ANNUAL C. GENE STOWE INVITATIONAL
"An American Classic"
AAU ENTRY FORM

TEAM NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
GYM PHONE: ( ) _____	OTHER PHONE ( )	
E-MAIL:		
COACHES ATTENDING (USE SEPARATE LINE FOR EACH COACH)		
Name	AAU #	Exp. Date

Please use 1 form per level

Circle one: Level 1 2 3 4

Entering Team for this Level? YES NO

	Name	Level	Birth Date	AAU #	T Shirt Size	Leo Size
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Number of Gymnasts _____

Entry Fee: x $70 _____

Team Entry per level x $50 _____

Total amount received _____

Please make checks payable to: Can Do, Inc.

Mail Entries to: Attn: Mike Pellicci
6925 N. Florida Ave.
Tampa, Fl. 33604