

20TH ANNUAL C. GENE STOWE INVITATIONAL
“An American Classic”
USAG ENTRY FORM

TEAM NAME:					
ADDRESS:					
CITY:		STATE:		ZIP:	
GYM PHONE: () _____			OTHER PHONE: () _____		
E-MAIL:					
CLUB USAG NUMBER:					
COACHES ATTENDING (USE SEPARATE LINE FOR EACH COACH)					
Name		USAG #		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	USAG #	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