

MARDI GRAS MEET-USAG Entry Form
February 23-25, 2024

Team Name: _____
E-mail Address: _____ Phone: _____
Team Address: _____ City: _____
State: _____ ZIP: _____
Coach Name(s): _____

***Please list your gymnasts' ages as of February 25, 2024**

Competitor Name	Level	Age	Date of Birth	USAG#
1.				
2.				
3.				
4.				
5.				
6.				
7.				
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9.				
10.				
11.				
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13.				
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17.				
18.				
19.				
20.				

Make Check Payable to: KC Gymnastics 116 NW Plaza Dr. Riverside, MO 64150 816-741-8270	Level	# of Gymnasts	Entry Fee	Total
	Level 2		X \$65	=
	Level 3		X \$65	=
	Level 4		X \$75	=
	Level 5		X \$75	=
	Xcel Bronze		X \$65	=
	Xcel Silver		X \$65	=
	Xcel Gold		X \$75	=
	Xcel Platinum		X \$75	=
	Xcel Diamond		X \$85	=
	Level 6		X \$85	
	Team	Levels:	X \$30	=

Roster and Payment due

1/24/2024!

Total Due _____