LOUISIANA OPEN
LRG GIRLS LEVEL 1 - 4

(One judge panel)

TEAM_____ CONTACT PERSON:

ADDRESS_____ _____

CITY_____ PHONE:_____

STATE_____ZIP_____

PLEASE GROUP YOUR LEVELS TOGETHER WITH THE YOUNGEST FIRST IN EACH DIVISION.

NO.	NAME (FIRST, LAST)	D/O/B	AGE (As of 5/1/12)	LEVEL	LRG #
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					

Entry Fees: **Number of Gymnasts _____ x $45.00 = $_____** **Entry Fees** **$_____**

Team Fees: **Level _____1, _____2, _____3, _____4**

Number of Teams _____ x $50.00 = $_____ **Team Fees** **$_____**

Please make checks payable to: **C.G.'s Gymnastics, Inc.**
Attn: Stacey Brown
14550 Florida Blvd.
Baton Rouge, LA 70819

Total Due **$_____**