

**CUPID'S TWIST INVITATIONAL ENTRY RECAP FORM**  
**FEBRUARY 15-17, 2008**

**ENTRY DEADLINE AND FINAL PAYMENT DUE DECEMBER 21, 2007**  
**PLEASE MAKE CHECK PAYABLE TO: ST. CHARLES GYMNASTICS BOOSTER ASSOCIATION**  
**MAIL COMPLETED ENTRY RECAP AND REGISTRATION FORMS TO THE ATTENTION OF GINA WALSH AT:**  
 St. Charles Gymnastics Academy      720 N. 17<sup>th</sup> Street, Suite 17      St. Charles, IL 60174

CLUB NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 COACH: \_\_\_\_\_ USAG #: \_\_\_\_\_ SAFETY EXP: \_\_\_\_\_  
 COACH: \_\_\_\_\_ USAG #: \_\_\_\_\_ SAFETY EXP: \_\_\_\_\_  
 COACH: \_\_\_\_\_ USAG #: \_\_\_\_\_ SAFETY EXP: \_\_\_\_\_

**ENTRY FEE CALCULATIONS**

<i>LEVEL</i>	<i># OF ENTRIES</i>	<i>ENTRY FEE</i>	<i>TOTAL</i>
4		x \$75	
5		x \$85	
6		x \$85	
7		x \$90	
8		x \$90	
9		x \$90	
10		x \$90	
<b>TOTAL INDIVIDUAL ENTRY FEES:</b>			
<i>TEAM</i>	<i>CIRCLE IF ENTERED</i>	<i>ENTRY FEE</i>	<i>TOTAL</i>
4	1	\$45	
5	1	\$45	
6	1	\$45	
7	1	\$45	
8	1	\$45	
9	1	\$45	
10	1	\$45	
<b>TOTAL TEAM ENTRY FEES:</b>			
<b>TOTAL DUE (INDIVIDUAL PLUS TEAM FEES):</b>			

