****9th ANNUAL GYMCATS INVITATIONAL MEET

**Date:** January 28th-29th, 2017

**Host:** Flip Over Gymnastics Trampoline & Tumbling Team

**Location:**  M-BC Parks & Recreation- Flip Over Gymnastics

 2000 Recreation Center

273 Woodbury Avenue, Martinsburg, WV 25404

**MEET DIRECTOR:** Cat Sloan/ Christina Isenberg

 Phone: 304-264-4842 ext 13

 E-mail: gymcats9.2017@gmail.com

**EVENTS:** Trampoline & Double mini - all levels

 Tumbling – all levels

 Mobility placement test\*\* - all events

**EQUIPMENT:** (2)in ground Trampoline (Ross beds)

 (1) Trampolines Euro DMT

 84’ rod tumble track w/32’ run & Landing area

 **ENTRY FEE:** One Discipline $60, Additional Event $5

 Make checks payable to MBC Parks and Recreation.

**IMPORTANT NOTE:** Please use the form attached to complete all registrations. If you have any questions regarding this form, feel free to email us.

**ENTRY DEADLINE:** Friday, January 20, 2017

 Mail to Flip Over Gymnastics

 273 Woodbury, Avenue, Martinsburg, WV 25404

 Or email to gymcats9.2017@gmail.com

**LATE FEE:** $10/athlete after January 20, 2017

**LATE “CHANGES” FEE”** ANY changes made after January 25, 2017 will result in a $5 fee per change.

 **GATE FEE: None - Free Admission**

**AWARDS:** Medals for 1st through 3rd place, ribbons through 10th place

This meet is very low key. It is intended to get the athletes back into competition mode and evaluate their performance. It is also the perfect opportunity to mobile athletes to a new level(s). With a placement test (separate event), they can mobile up to 2 levels at this meet.

Mobility placement tests will be done before the beginning of each session. Each placement test is treated as an additional event and charged accordingly. To participate, simply register the athlete(s) for both their current level and the one they are testing

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9th ANNUAL GYMCATS INVITATIONAL MEET

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| Team Name: |   |   |   |   |   | Club No:  |   |   |   |   |
| Team Address: |   |   |   |   |   |   |   |   |   |   |
|  | Street |  |  |  | City |  |  | State | Zip Code |  |
| Phone: |   |   |   |  |  |  |  |  |  |  |
| Email Address: |   |   |   |  |  |  |  |  |  |  |
| Contact Name: |   |   |   |  |  |  |  |  |  |  |
| Contact Number: |   |   |   |  |  |  |  |  |  |  |
| Contact Email: |   |   |   |  |  |  |  |  |  |  |
| Coach's Name |   |   |   | USAG# |  |  |  |  |  |  |
| Coach's Name |   |   |   | USAG# |  |  |  |

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|  | **ATHLETE’S FIRST NAME** | **ATHLETE’S LAST NAME** | **Gender** | **DOB****M/D/YY** | **USAG#** | **TRAMPOLINE****Current Level/****Mobility?** | **TUMBLING****Current Level/****Mobility?** | **DMT****Current Level/****Mobility?** |
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| Mobility = Extra Event | Page 1 | Athletes |   | Subtotal | Note: If your athlete is attempting Mobility, please mark Yes(Y) in the appropriate event above, otherwise, just enter the current level only.    |
|   | Number of Athletes X 1 Event: |   | x $60 = |   |
|   | Number of Athletes X 2 Events: |   | x $65 = |   |
|   | Number of Athletes X 3 Events: |   | x $70 = |   |
|   | Number of Athletes X 4 Events |   | x $75 = |   |
|  |   |  Total Page 1 = |   |  |

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|  | **ATHLETE’S FIRST NAME** | **ATHLETE’S LAST NAME** | **Gender** | **DOB****M/D/YY** | **USAG#** | **TRAMPOLINE****Current Level/****Mobility?** | **TUMBLING****Current Level/****Mobility?** | **DMT****Current Level/****Mobility?** |
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| Mobility = Extra Event | Page 2 | Athletes |   | Subtotal | Note: If your athlete is attempting Mobility, please mark Yes(Y) in the appropriate event above, otherwise, just enter the current level only.    |
|   | Number of Athletes X 1 Event: |   | x $60 = |   |
|   | Number of Athletes X 2 Events: |   | x $65 = |   |
|  | Number of Athletes X 3 Events: |   | x $70 = |   |
|   | Number of Athletes X 4 Events |   | x $75 = |   |
|   |   |  Total Page 2 = |   |   |
|  |   | Total Pages 1 & 2 = |   |   |