

# Jungle Gym Invite Entry Form

## November 1st - November 3rd, 2024

Carol Goodrich - Event Coordinator      carol.goodrich@orlandometrogyms.com      (407)246-1200

Petrice Sinclair - Meet Director      petrice.sinclair@orlandometrogyms.com      (407)246-1200

**Registration Deadline: October 3, 2024**

Team Name: \_\_\_\_\_ USAG Club#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Contact: \_\_\_\_\_

Coach Name	USAG Pro #	Pro Exp Date	Safety Cert Exp	Background Exp	Safe Sport Exp	U100

#	Leo Size	Athlete Name	Birthdate	USAG# / AAU#	Level
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					



All fees must accompany entry form:      Level 1-5, XB, XS      \_\_\_\_\_ x \$115.00 = \_\_\_\_\_

Level XG, XP, XD, XSA      \_\_\_\_\_ x \$120.00 = \_\_\_\_\_

AAU NON-SANCTION      \_\_\_\_\_ x \$90.00 = \_\_\_\_\_

Teams 1 2 3 4 5      \_\_\_\_\_ x \$65.00 = \_\_\_\_\_

XB, XS, XG, XP, XD, XSA      \_\_\_\_\_ x \$65.00 = \_\_\_\_\_

*(Circle all that apply)*

**TOTAL Entry Fees due = \_\_\_\_\_**

**Make Club Check Payable: Orlando Metro Gymnastics**

**Send Entry to: Orlando Metro Gymnastics  
4658 LB McLeod Road, Orlando, FL 32811**

**Credit Card Payment Option (additional 4.5% fee)**

Card #: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CID: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_