

# Jungle Gym Invite Entry Form

## October 18 - October 20, 2024

Carol Goodrich - Event Coordinator

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(407)246-1200

Petrice Sinclair - Meet Director

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(407)246-1200

**Registration Deadline: September 13, 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 3.5% fee)**

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

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

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

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