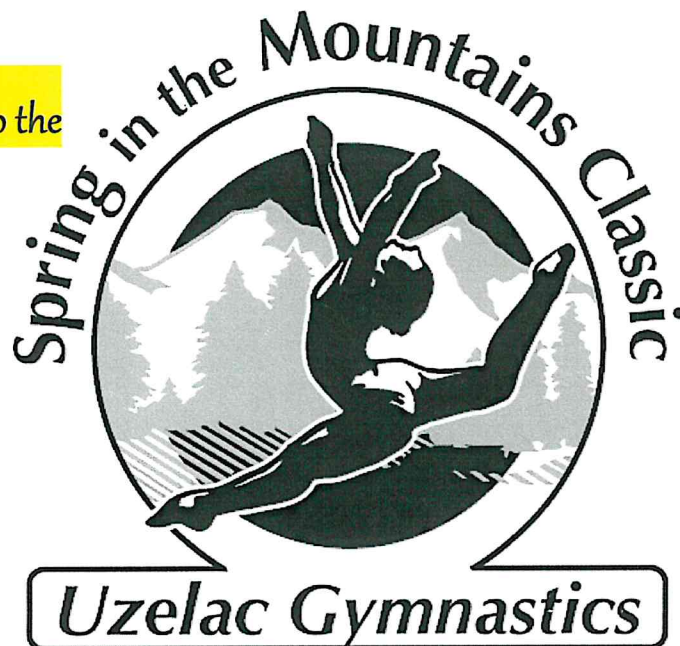


You are Invited to the



Gymnastics Invitational

LEVEL 2-10, X CEL PROGRAM

WHEN:

MARCH 4-6 2022

WHERE:

Uzelac Gymnastics
445 Schoolhouse Road
Johnstown, PA 15904

PHONE:

814-266-8722

MEET DIRECTOR:

BRENDA UZELAC

MEET FEES:

\$90/GYMNAST COMPULSORY & X CEL LEVELS

\$90/GYMNAST OPTIONAL LEVELS

\$60/TEAM

info@UzelacGymnastics.com

www.UzelacGymnastics.com

Registration Deadline:
Registrations postmarked and
paid in full no later than
February 5, 2022

All registrations received after the deadline will ONLY be accepted if the Meet Directors can arrange it with little effort.
A \$30.00 LATE FEE WILL BE CHARGED

We ask you to please register early, because of the number of requests to attend this meet!

EMAIL ENTRIES TO:
Brenda Uzelac, Meet Director
info@UzelacGymnastics.com
OR MAIL ENTRIES TO: to the address below
149 Olympic Lane, Johnstown PA 15904

Location: The meet will be held at the:
Uzelac Gymnastics
445 Schoolhouse Road
Johnstown, PA 15904
(814) 266- 8722

Accommodations: Uzelac Gymnastics in Richland Twp. Near all the Malls and hotels. The Competition Gym has bleachers enough to comfortably host 400 - 500 cheering fans. Our parking lots can hold at least 250 vehicles. Food will be provided by our Team Booster club. Vendors will be on hand with the latest gymnastics supplies. The gym is located within minutes to US Route 219 with easy access to and from the local malls, hotels and restaurants.

Local hotels are as follows:
Hampton Inn - 814-262-7700
Sleep Inn - 814-262-9292
Comfort Inn - 814-266-3678

Equipment: Stratum Spring Board
AAI Elite Bars
Speith Anderson Beams
AAI Spring Floor
Jansen (JF) Vault Table

***Note:** Equipment list is subject to change!

Spring in the Mountain Gymnastics Invitational

March 4,5,6 2022

Team/Competitor Entry Form

Presented by: **The Uzelac Gymnastics Team**

Deadline :Feb 5, 2022

Team Information

Team Name:	Phone:	
Team Address:	Fax:	
City:	State:	Zip:
Email:	USAG Club #:	

Coach Information

Coach Name:	USAG #:
Coach Name:	USAG #:
Coach Name:	USAG #:
Coach Name:	USAG #:

	<u>Gymnast's Name</u>	<u>USAG#</u>	<u>Level</u>	<u>Age</u>	<u>Birthdate</u>	<u>T-shirt Size</u> Child S-M-L Adult S-M-L-XL
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Please complete the following payment information: **Make All Checks Payable to: Uzelac Gymnastics Booster Club**

1. Team Fees (Top 3 Scores)

L2 @ \$60=	L7 @ \$60=
L3 @ \$60 =	L8 @\$60=
L4 @ \$60 =	L9@\$60=
L5 @ \$60 =	L10@\$60=
L6 @ \$60 =	
X Cel @ \$60 =	

3. T-shirts

___ T-shirts

*T-shirts will be
\$16 at the meet

2. Gymnast Fees

___ Compulsory Levels @ \$90/gymnast =
___ Optional Level@\$90/Gymnast =
___ X Cel Level @\$90/Gymnast =

Payment

1. Total Team Fees: _____

2. Total Gymnast Fees: _____

Total Amount Enclosed: _____