

## City of Lights Invite Entry Form March 7th - March 9th 2025



Karen Kerr - Meet Director

kljkerr@aol.com

(813) 294-8503

**Carol Goodrich - Event Coordinator** 

Carol Goodrich@orlandometrogyms.com (816) 813-2743

Registration Deadline: January 8, 2025

| Team Name:          |               |                   |   |  | USAG          | _ USAG Club#:        |            |          |  |
|---------------------|---------------|-------------------|---|--|---------------|----------------------|------------|----------|--|
| Street Addr         | ess:          |                   |   |  |               |                      |            |          |  |
| City: State:        |               |                   |   |  | Phone         | <b>:</b>             |            |          |  |
| Email Conta         | act:          |                   |   |  |               |                      |            |          |  |
| Coach Name          |               | JSAG Pro#         | Coach Name USAG Pro #                   |  | Coach Name    |                      | USAG Pro # |          |  |
|                     |               |                   |   |  |               |                      |            |          |  |
|                     |               |                   |   |  |               |                      |            |          |  |
|                     | Athlete Nar   | ne                |   |  |               | Birthdate USAG# / AA |            | Level    |  |
| 1                   |               |                   |   |  |               |                      |            |          |  |
| 2                   |               |                   |   |  |               |                      |            |          |  |
| 3                   |               |                   |   |  |               |                      |            |          |  |
| 5                   |               |                   |   |  |               |                      |            |          |  |
| 6                   |               |                   |   |  |               |                      |            |          |  |
| 7                   |               |                   |   |  |               |                      |            |          |  |
| 8                   |               |                   |   |  |               |                      |            |          |  |
| 9                   |               |                   |   |  |               |                      |            |          |  |
| 10                  |               |                   |   |  |               |                      |            |          |  |
| 11                  |               |                   |   |  |               |                      |            |          |  |
| 12                  |               |                   |   |  |               |                      |            |          |  |
| 13                  |               |                   |   |  |               |                      |            |          |  |
| 14                  |               |                   |   |  |               |                      |            |          |  |
| All fees must       | accompany en  | -                 | Level 1-5, )<br>n, Xcel (Gold, Platinum | Kcel (Bronze & S   | •             |                      |            |          |  |
| (Cinala all that an |               | · -               | 6 7 8 9 10 XB XS                        | •  |               |                      |            |          |  |
| (Circle all that up | piy) Teams    | 12343             | 0 7 0 9 10 AD AC                        |  |               | x                    |            |          |  |
| Credit Card P       | ayment Option | n (additional 3.5 | 5% fee)                                 | ka Club Chad   | · Pavahla · C | rlando Motre         | 0 Cvr      | nnactics |  |
| Card #:             |               |                   |   | Send Entry to: Orlando Metro Gymnastics C/O Carol Goodrich |               |                      |            |          |  |
| Exp Date: CID:      |               |                   | Ser                                     |  |               |                      |            |          |  |
| Cardholder Name:    |               |                   |   |  |               |                      |            |          |  |
| Cardholder Si       | gnature:      |                   |   |  | Oriando       | , FL 32011           |            |          |  |