

Cornucopia Invitational Nov. 2nd and 3rd 2019

Phone: 973-316-2507 e-mail: northstarsnj@optimum.net Team Name: _____ Club # _____ Phone #:______ e-mail: _____ COACHES NAME PRO NUMBER SAFETY EXPIRATION DATE LEVEL NUMBER **COMPETITOR NAME** DOB # of teams ____ x \$60.00 = \$ ____ All fees must accompany entry form: Make checks payable to: USAG 2-5 # of athletes _____ x \$ 80.00 = \$ _____

North Stars Gymnastics XCEL B/S # of athletes _____ x \$ 75.00 = \$ _____ 91 Fulton Street Boonton, NJ 07005 Returning Team – \$10 off team fee _____ REFUND DATE - OCT 2, 2019

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Team:		Club #		
#	COMPETITOR NAME	LEVEL	NUMBER	DOB
"	JOINI ETHOR WAINE		NOMBER	