



Gateway Over The Rainbow Spring Showcase

Team/Gym _____ Phone _____ Fax _____
 Address _____ City _____ State _____ Zip _____
 Coach(es) _____ E-mail _____

PLEASE BE SURE ALL ENTRIES ARE LEGIBLE – DUE BY 3/4/22

Gymnast Name	Age (as of 4/9/22)	DOB	Level		Vault	Bars	Beam	Floor	AA
<i>Example: Susy Gymnast</i>	<i>13</i>	<i>5/20/08</i>	<i>Class</i>		<i>x</i>	<i>x</i>	<i>x</i>	<i>x</i>	

Please check if you want to be entered into Team competition. Teams will be judged on spirit! No team entries accepted day of the meet. Awards will be given.

TEAM ENTRY

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

All Levels (# of gymnasts): _____ X \$40 = _____
 Team entry: _____ (max of \$20)

Total Amount Due: _____

Entry Fees: All Levels \$40 Team Entry \$20.00
Meet Location: TEAM CENTRAL 2675 Metro Blvd, Maryland Heights, MO 63043
Late Fees: Late fee of \$10 per gymnast if received after the deadline.
Please make checks payable to Gateway Gymnastics of America.
Mailing address: 2675 Metro Blvd, Maryland Heights, MO 63043
Email: gatewaygymnastics07@yahoo.com