

**ENTRY
DEADLINE
SEPT. 22**



**JUDGE
FEEDBACK**

**PERSONALIZED
AWARDS**

**LOW PRESSURE
EVENT TO
TRY OUT NEW
ROUTINES!**

NOVEMBER 4th & 5th, 2023

MEET SITE:

Progress Sports Complex
1300 Progress Parkway
Ste. Genevieve, MO 63670



*Conveniently
located off
Highway 55*

DATE:

Saturday & Sunday, November 4 & 5, 2023

ENTRY FEE:

\$75.00 per gymnast
\$40.00 team entry (1 per club - team banner only)

ENTRY DEADLINE:

Full payment & roster due by September 22, 2023

LEVELS:

Girls - Levels 1-10 & All Xcel

ADMISSION:

\$7.00 Adults, \$5.00 Children - ***CASH ONLY***

AWARDS:

All participants will be recognized with a ***PERSONALIZED*** plaque
Gymnasts will receive direct feedback from judges after each event
Clubs entering the team entry will receive 1 event banner with club name

SHIRT SALES:

Pre-order shirt sales available - please include sizes with entry
Gray shirt with blue & red glitter Ozark logo
Shirts - \$15.00 (Free for coaches! Please send sizes)

EQUIPMENT:

All equipment supplied by Spieth - ***NO OUTSIDE EQUIPMENT ALLOWED***

HOSPITALITY:

Catered, scheduled meals provided with detailed menus available at the event.
Snacks and beverages available throughout the entire weekend.

This event is licensed by the Amateur Athletic Union of the U.S., Inc. All participants must have a current AAU membership. AAU membership may not be included as part of the entry fee to the event. AAU Youth Athlete membership must be obtained before the competition begins except where the event operator has a laptop available with an internet connection. Be Prepared: Adult and Non Athlete memberships are no longer instant and cannot be applied for at event. Please allow 10 days for membership to be processed. Participants are encouraged to visit the AAU web site www.aausports.org to obtain a membership.

**Nov. 4 & 5
Ste. Genevieve, MO**



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ENTRY DEADLINE - SEPT. 22, 2023

CLUB NAME: _____

CLUB AAU#: _____

CLUB ADDRESS: _____

CONTACT: _____

CELL#: _____

EMAIL ADDRESS: _____

ATTENDING COACHES

NAME: _____

AAU #: _____

NAME: _____

AAU #: _____

NAME: _____

AAU #: _____

NAME: _____

AAU #: _____

| LEVEL | QTY | AMOUNT | TOTAL |
|----------------|-----|--------|-------|
| 1 | | \$75 | |
| 2 | | \$75 | |
| 3 | | \$75 | |
| 4 | | \$75 | |
| 5-9 | | \$75 | |
| Xcel Bronze | | \$75 | |
| Xcel Silver | | \$75 | |
| Xcel Gold | | \$75 | |
| Xcel Plat/Dimd | | \$75 | |
| Club Entry | | \$40 | |

PAYMENT INFO

TOTAL: \$ _____

Check payable to:
Parkland Gymnastics

Check #: _____

Credit #: _____

Exp: _____ CVC: _____

Zip: _____

THANK YOU!

| GYMNAST NAME | LEVEL | AGE | DOB | AAU# |
|--------------|-------|-----|-----|------|
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PLEASE PRINT OR TYPE
 ROSTER TO ENSURE
 PROPER SPELLING OF
 PERSONALIZED AWARDS!

