



Name of Club _____ Team Name _____

Head Coach _____

Mailing Address _____

E-Mail _____ Phone _____

LIST ALL COACHES ATTENDING COMPETITION:

Name	USAG Pro Membership No.	Safety Certification Expiration Date (required for State and above)

Signature of Head Coach _____ Date _____

_____	Level 3	@ \$40.00 = _____
_____	Level 4	@ \$50.00 = _____
and/or		@ \$20.00 per routine = _____
_____	Level 5/6	@ \$70.00 = _____
_____	Level 7/8	@ \$90.00 = _____
_____	Level 9/10	@ \$115.00 = _____
_____	Group @ \$80.00	per routine = _____

TOTAL FEE ENCLOSED = _____
 Check # _____

Please make checks payable to **Rhythmflex Parents Association**

All entries **must be received** by **January 20, 2010**
Late fee -- \$25 per athlete

Return this cover sheet along with all appropriate Level entry forms to
Irina Khurgin c/o RPA
18611 New Hampshire Ave.
Ashton, MD 20861

Athletes with medical reasons validated by a physician may request a 50% refund.
(Written request must be received within 3 business days of the meet)

For all questions and information, please contact our Meet Directors at
meetdirector@capital-challenge.info or via phone numbers provided in the invitation letter