



March 5 -7, 2010

Name of Club: _____

Head Coach: _____

Mailing Address: _____

E-Mail: _____

Phone: _____

LIST ALL THE MEMBERS OF THE DELEGATION (use additional paper if needed)

Gymnasts:

Name	Date of Birth	Level (or equivalent)

Coaches (names): _____

Please, indicate if coach(es) are available/willing to judge: yes / no If Yes, which Level: _____

Signature of Head Coach _____

REGISTRATION REQUIREMENTS FOR INTERNATIONAL COMPETITORS

**Capital Challenge Registration (including required annual USAG registration): individual: \$115.00
 group: \$175.00**

Cap. Challenge registration for up to 2 girls may be waved if a Judge or a Judging Coach accompanies the team and participates in judging

Please make checks* payable to **Rhythmflex Parents Association**
Irina Khurgin c/o RPA
18611 New Hampshire Ave.
Ashton, MD USA 20861

All entries must be received by **January 20th, 2010**

** For International Payment and US Visa support information, please contact our Meet Director at meetdirector@capital-challenge.info, or via telephone numbers provided in the invitation letter*