

GYM'S NAME _____

ENCLOSED IS A CHECK FOR \$ _____

HEAD COACH/OWNER -----

FOR _____ATHLETES @\$40.00 PER INDIVIDUAL

COACH'S ADDRESS -----

3 or more team registered, Tiny Novice team is free

2 or less teams reistered, Tiny Novice is 1/2 price

NO CHARGE FOR CROSSOVERS

*Request for refunds
honored before November 5*

CELL PHONE NUMBER-----

Make check payable and return to:

PSCC/Debbie McQuillen

949 Julia Dr

Johnstown, PA 15905

EMAIL-----

Please fill in the appropriate space that corresponds with the division and level of the teams you are entering. Enter the number of participants _____ on each team, including crossovers

HIP HOP Tiny _____ Mini _____ Junior _____ Senior _____

TINY novice _____ prep _____ level 1 _____

MINI novice _____ prep _____ level 1 _____ level 2 _____

YOUTH prep _____ level 1 _____ level 2 _____ level 3 _____ level 4 _____ level 5 _____

JUNIOR level 1 _____ level 2 _____ level 3 _____ level 4 _____ level 5 _____ level 6 _____

SENIOR level 1 _____ level 2 _____ level 3 _____ level 4 _____ level 4.2 _____ level 5 _____

SMALL SENIOR level 6 _____

MEDIUM SENIOR level 6 _____

LARGE SENIOR level 6 _____

COED senior 3 _____ senior 4 _____ senior 4.2 _____ senior 5 _____ junior 6 _____ senior 6 _____