

GYM'S NAME _____

HEAD COACH _____

COACH'S ADDRESS _____

CELL PHONE NUMBER _____

EMAIL _____

PLEASE LIST ALL COACHES ON REVERSE SIDE

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

HIP HOP TINY ____ MINI ____ YOUTH-----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 ____

ENCLOSED IS A CHECK FOR \$ _____

FOR _____ **ATHLETES @ \$40.00 PER INDIVIDUAL**

NO CHARGE FOR CROSSOVERS
NO CHARGE FOR TINY NOVICE

Please make checks payable
and return to:

PSCC / Debbie McQuillen
949 Julia Dr
Johnstown, PA 15905

refunds honored before November 5

(over)