18th Annual MO NAWGJ Judges Cup
Lindenwood University – St. Charles, MO
Dec 13th – 15th , 2019

Level 2 - 7 & Xcel Bronze, Silver, Gold, Platinum & Diamond Sanctioned Competition
MO State Meet Qualifier

MEET SITE: ~ Lindenwood University, Hyland Arena 209 S. Kingshighway, St. Charles, MO 63301

Entry Fees: **LEVEL 2-3-4, Xcel Bronze, Silver INDIVIDUAL ENTRY FEE = $50**
LEVEL 5-7, Xcel Gold, Platinum & Diamond INDIVIDUAL ENTRY FEE = $65

TEAM AWARD ENTRY= $35 (Indicate Team Entry Level 2-3-4-5-6-Xcel Bronze, Silver, Gold, Platinum & Diamond)

Age is determined by the age of the gymnast on 12-15-2019

All Checks Payable to: MO NAWGJ (Mail entries with fees to Kathryn Bartee)

Send ENTRIES to: Kathryn Bartee (katcool@att.net)
If not able to email – send via mail to:
2019 MO Judges Cup c/o Kathryn Bartee
2644 South Ingelwood, Springfield, MO 65804

Entry Deadline Postmark by October 1st. (After 10/01/19, Late fee $15/gymnast to be applied)
Received after postmark date are by acceptance of MO-NAWGJ.
This meet will be filled on a first come first served basis. Entries received prior to the deadline but after the meet is filled will be returned to the gym.

AWARDS: Teddy Bears Awards, Special Event Awards & Team Trophies.

COMPETITION: Level 2-7 & Xcel – Sanctioned Competition

For More Information: Contact for Coaches: Kathryn Bartee (katcool@att.net)
Gate Fee: $5 Adult $3 Child (Under 3 Free) - Weekend Passes available. Please communicate Gate Fees to parents in advance of the meet.

Host Hotel –Best Western Plus The Charles Hotel
1425 SOUTH FIFTH STREET, ST. CHARLES, MO 63301, (636) 946-6936
Group Name: Missouri Judges Cup – Gymnastics Meet; Book by November 1st

Level 7 2020 National Judge's Cup Team: A level 7 team will be selected to go to the 2020 National Judge's Cup in Santa Clara, CA, Jan 10th – 12th

This meet is sponsored by Missouri Judges as a NAWGJ fundraiser.

MO NAWGJ JUDGES CUP ~ ENTRY FORM

Entry Deadline: Postmarked by October 1st, 2019

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Club /Team Name: _____

Club/Team USAG Number: _____

Club Mailing Address: _____

Club FAX #: _____ PHONE#: _____

Club/Coach Email: _____

COACH Name: _____ USAG#: _____

COACH Name: _____ USAG#: _____

COACH Name: _____ USAG#: _____

COACH Name: _____ USAG#: _____

Level 2 Gymnasts	_____	@ $50	= _____
Level 2 Team		@ $35	= _____
Level 3 Gymnasts	_____	@ $50	= _____
Level 3 Team		@ $35	= _____
Level 4 Gymnasts	_____	@ $50	= _____
Level 4 Team		@ $35	= _____
Level 5 Gymnasts	_____	@ $65	= _____
Level 5 Team		@$35	= _____
Level 6 Gymnasts	_____	@ $65	= _____
Level 6 Team		@$35	= _____
Level 7 Gymnasts	_____	@ $65	= _____
Level 7 Team		@$35	= _____
Xcel BRONZE Gymnasts	_____	@ $50	= _____
Xcel Team		@ $35	= _____
Xcel SILVER Gymnasts	_____	@ $50	= _____
Xcel Team		@ $35	= _____
Xcel GOLD Gymnasts	_____	@ $65	= _____
Xcel Team		@ $35	= _____
Xcel PLATINUM Gymnasts	_____	@ $65	= _____
Xcel Team		@ $35	= _____
Xcel DIAMOND Gymnasts	_____	@ $65	= _____
Xcel Team		@ $35	= _____
Total Amount Due			= _____

If sending another entry form besides this one, please return at least the first page of this entry form with your accurate fax number, USAG club number and email address. If possible, please list gymnasts alphabetically.

MO NAWGJ JUDGES CUP ~ ENTRY FORM

If possible, please list gymnasts alphabetically.

First Name	Last Name	Level (2, 3, 4, 5, 6, 7, Bronze, Silver, Gold, Platinum, Diamond)	USAG #	Birthday mm/dd/yyyy

MO NAWGJ JUDGES CUP ~ ENTRY FORM

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