## 2024

## Spirits Strongher Invitational November 23rd-24th















Meet Director: Rod Rogers, rodspirits@me.com, 314-369-1558

Levels: USAG Levels 2-10 & Xcel (Bronze - Sapphire)

Awards: Trophies for All Around Awards

Medals for Events Awards 50% on events for all levels

100% for AA for Levels 2-4 and XB-XG, 50% for AA for all others

Entry Fees: USAG Level 2, Xcel B & Si \$90

USAG Levels 3-5, Xcel G \$105 USAG Level 6-10, Xcel P. D. Sa \$115 Team (per level - top 3 scores) \$45

Age Divisions: USAG age groups (may be subivided)

All ages will be determined by their age as of November 24th

Deadline: October 10, 2024 (postmarked)

-USAG: Make sure to update registrations through USAG website

Refunds: Full refunds will be made through November 10th with a note

from a licensed medical practitioner. Charge of \$25 after

Nov 15th.

Admission: \$5 - Cash Only! (please let your families know)

## Spirits Strongher Invitational, November 23-24, 2024

Team Name:									
Team Address:			USAG Club#:						
City:			State:			2	Zip Code:		
E-mail: (please print)				Phone:					
Coach Name:			USAG#:			Exp:			
Coach Name:			USAG#:			Exp			
<b>Please enter gym</b> Additional copies of this form n		•	_				.com)		
Name Last, First	T-shir Size		t Le	evel		ate of Birth	Events/ AA	US Citizen?	
Gymnast, Suzie	CL	1234567		5	12/	16/2010	AA	yes	
Entry Fee T	Totals	<u> </u>					ecks Payable	e to:	
Level	<u> </u>		Entry Fee	Total		St. Louis Spirits  Mail to: St. Louis Spirits Gymnastics Club,			
USAG: Level 2, Xcel B, Sil			\$90.00						
USAG: Level 3-5, Xcel G			\$105.00			ATTN: Rod Rogers 12975 Maurer Industrial D		ial Drive	
USAG: Levels 6-10, Xcel P, D, Saph			\$115.00			St. Louis, MO 63127		iai Diive	
Total Teams (Please circle each team level entered):		\$45.00			Final Postmarked Deadline:				

For Office Use Only. Please do not write below this line.

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USAG:

USAG

XB

XSi

**Total Fees** 

XG

XD

XSaph

Any entries postmarked

October 10, 2024 or after

will be assessed a \$15.00 late fee,

per gymnast. \$25.00 Charge for refunds made after November

Check # \_\_\_\_\_ Amount: \_\_\_\_ Initials: \_\_\_\_