



#	Last Name	First Name	G.O. #	Date of Birth (yy-mm-dd)	Age of Dec. 30, 2009)	Level: 5/6yr A or B \$40.00	Level: Beg/Int/Adv \$45.00	OCP Level \$55.00
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
<b>Total Number of Participants in Each Category:</b>						_____ (number) of athletes @ \$40.00 each	_____ (number) of athletes @ \$45.00 each	_____ (number) of athletes @ \$55.00 each
<b>Total Cost of Participants in Each Category:</b>						<b>Total=</b>	<b>Total=</b>	<b>Total=</b>
<b>Total Amount of Payment Enclosed: Please make cheques payable to Tumblers Gymnastics Centre</b>						\$ _____		

Coaches Registration Form  
Tumbler Classic OCP and ODP

April 16 - 18, 2010

*Please provide name and NCCP certification levels of ALL COACHES WHO WILL BE ON THE COMPETITIVE FLOOR.*

	NAME OF COACH	CERTIFICATION LEVEL	GO #
1			
2			
3			
4			
5			
6			

\* Please indicate any medical conditions of athletes below:

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Mail in the completed registration forms along with the entry fee by March 15, 2010.

**Tumblers Gymnastics Centre**  
**330 Vantage Drive**  
**Orleans, Ontario**  
**K4A 3W1**