

Eagles Wings Athletics
 2010 TAAF Qualifying Meet
 ♪ "At the Hop" ♪
 January 23 & 24, 2010

Team Name: _____ Coach: _____
 Phone #: _____ Fax #: _____ Email: _____
 Address: _____

	First Name	Last Name	TAAF #	Level	Division
1					
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***Division Changes Need to be emailed or faxed in by Jan. 18th**
akirb@ewagym.com or 972.727.9970

Number of Compulsory Gymnasts ____ x \$35.00 = _____

Number of Optional Gymnasts ____ x \$40.00 = _____

Team Entry Lv3 Lv4 Lv5 Lv6 Lv7 Lv8 Circle which teams you are entering.

Late Fee: Any entries received after January 9, 2009 will be assessed a late fee of \$15 per gymnast. Gymnasts ____ x \$15.00 = _____

TOTAL OWED = _____