

Heart of Illinois Invitational

February 13th & 14th

Entry Fee Calculator

Team Name _____

Phone Number _____

Fax Number _____

Refunds for Injuries Only will be given after Jan. 8th.

# of Level 4,5,6 Gymnasts		X \$70 =	
# of Level 7,8,9,10 Gymnasts		X \$75 =	
Level 4 Team		X \$35 =	
Level 5 Team		X \$35 =	
Level 6 Team		X \$35 =	
Level 7 Team		X \$35 =	
Level 8 Team		X \$35 =	
Level 9 Team		X \$35 =	
Level 10 Team		X \$35 =	
Total Entry Fee			

\$10 Late fee for new or changed entries after Jan. 8th.

Please mail hard copy of entries with payment to:

Dynamite Gymnastics
1630 E. Huston Dr.
Decatur, IL 62526



For More Meet Information:
dynamitegymnastics.com or call 217.875.1400