

Gym Gerbread Christmas Meet

Supernova Gymnastics Club

111 Industrial Drive, Whitby, On

Office Phone: Call or Text 289-600-3185 – Please leave a text message rather than a voice message. Thank you.

Dear Parents,

As a part of 2016/17 Competitive season, we will be registering our athletes for the GymGerbread Gymnastics meet at Joan's Gymnastics in Lowville New York. Gymnasts are in charge of their own transportation and must arrive at Joan's Gymnastics by 12:30pm. Please find your coach upon arrival; we will stretch together while awaiting their competition to begin at 1pm on December 11th. Each group will cheer on their team and other teams as they represent Supernova Gymnastics in the United States. Gymnasts should bring their lunch if they are travelling with a chaperone. We will also be arranging a pizza dinner before travelling back to Canada. We will also try to arrange breakfast together if you will be staying overnight. Please sign and return the bottom of this page by November 13th. You can keep this top part for your reference.

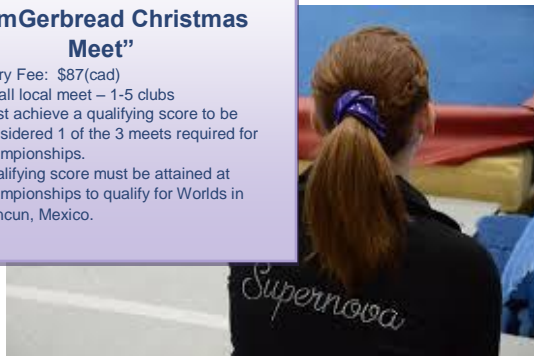
-Georgina MacDonnell – Head Coach, Meaghan Lotitio – Asst Head Coach, Kyleigh MacDonnell – Coach, team administrator/chaperone, Sydney MacDonnell – PreComp Coach/Chaperone

Joans's Gymnastics Club

Presents

"GymGerbread Christmas Meet"

1. Entry Fee: \$87(cad)
2. Small local meet – 1-5 clubs
3. Must achieve a qualifying score to be considered 1 of the 3 meets required for championships.
4. Qualifying score must be attained at championships to qualify for Worlds in Cancun, Mexico.



DETAILS

Location	5514 Greig Road. Lowville NY, USA
Date	December 11 th 2016
Time	Arrive by 12:30pm
Transportation	
Notes	Attached permission to travel and medical consent must signed/returned

WHAT TO BRING

\$3 Pizza Dinner
\$10 for souvenirs (optional)
Lunch
Snacks
Gym bag – water, extra leo, brush, music

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Please return this slip by October 2nd, 2016 – Invoice to follow including registration fee, coaching fees

I give my permission for _____ to participate in the gymnastics meet.

Emergency Contact Name: _____ Phone: _____

Notes about my child (medications, etc): _____

Parent/Guardian Signature: _____ Date: _____