

# SCGA Classic

*GIJO Boys and Girls Gymnastics Meet*

*Hosted by St. Charles Gymnastics Booster  
Association*

720 N. 17<sup>th</sup> Street Unit 17  
St. Charles, IL 60174  
Phone: (630) 584-5544  
[www.stcharlesgymnastics.com](http://www.stcharlesgymnastics.com)

**Date: Sunday, January 29, 2012**

**Times: TBA**

**Levels: GIJO 3-Optional for Girls  
GIJO 4-6 for Boys**

**Fee: \$40 per gymnast, \$15 per team per level**

*All teams who enter with 3 or more gymnasts receive a team award*

**Awards: Event ribbons, all-around medals, and goodie bags  
or t-shirts for all gymnasts (girls level 6 and optional  
will receive event medals).**

*Age groups will be determined upon receipt of entry forms.*

**Equipment: AAI**

**Please mail rosters with t-shirt sizes, and checks, payable to  
St. Charles Gymnastics Booster Association, to:**

Cheryl Lewis c/o St. Charles Gymnastics Academy  
720 N. 17<sup>th</sup> Street Unit 17  
St. Charles, IL 60174  
Email: [classic2012@stcharlesgymnastics.com](mailto:classic2012@stcharlesgymnastics.com)



**\* Entry deadline: November 30, 2011. Please mail right away or call  
the gym to confirm entry as these meets fill quickly! \***

**\*\* Please bring all music on CDs. \*\***

**Admission: \$4 Adults, \$2 Students and Seniors, Children under 5 free.  
Concessions available onsite.**

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## GIJO Boys and Girls Gymnastics Meet

St. Charles Gymnastics Booster Association

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Phone: (630) 584-5544, [www.stcharlesgymnastics.com](http://www.stcharlesgymnastics.com)

Email: [classic2011@stcharlesgymnastics.com](mailto:classic2011@stcharlesgymnastics.com)

Team Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Coaches Names: \_\_\_\_\_

	Level	Gymnast name	Birthday	Age (as of state)	Gymnast AAU #	T-shirt Size
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

Total # of Gymnasts \_\_\_\_\_ x \$40 = \_\_\_\_\_

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Email: [classic2012@stcharlesgymnastics.com](mailto:classic2012@stcharlesgymnastics.com)

Team Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Coaches Names: \_\_\_\_\_

**We will take the top 3 scores out of each level to calculate team awards. Teams not entered will not receive a team award. Every team entered will go home with an award. If you have any questions please let us know!**

Level	Team Entered
Girls Level 4	
Girls Level 5	
Girls Level 6	
Girls Optional	
Boys Level 4	
Boys Level 5	
Boys Level 6	

Total # of Teams \_\_\_\_\_ x \$15 = \_\_\_\_\_