



North Raleigh Gymnastics Challenge



Women's Levels 2 - 10, & Bronze, Silver, Gold, Platinum January 15th - 16th, 2011

Place: North Raleigh Gymnastics
5400 Atlantic Springs Rd.
Raleigh, NC 27616
Gym Phone: (919) 790-9400
Gym Fax: (919) 790-9519
E-Mail: tim@tumblewithus.com
Website: www.tumblewithus.com (Meet information and Results)

Meet Director: Tim Baker

Entry Fee: \$65 per gymnast
\$40 per team / per level
Typed entries are preferred otherwise please use the enclosed entry form.

Payable To: One check per team made out to **NRG**

Entry Deadline: **Monday December 20th, 2010**
Late entries will be \$75 per gymnast, \$50 per team entry

Awards: Medals 1st - 3rd individual events ribbons out to approx. 75% in each age group
100% of teams **that enter** team competition will receive a team trophy for each level

Equipment and Facility: 19,000 Sq. Ft. Building
Palmer Spring Floor
Janssen-Fritsen Vault Table with 78 foot runway, **(no air-o-board at this time)**
Speith Reflex Beam
AAI, & CGSC Superwide Bars
Great Coaches and Judges Hospitality

Admission: Adults: \$5 per day, Children (6 - 12) \$2 per day
Children 5 and under: Free

Host Hotels:

<u>Hampton Inn</u>	<u>Comfort Suites Raleigh</u>
3621 Spring Forest Rd Raleigh, NC 27616 (919) 872-7111 (800) Hampton	4400 Capital Blvd. Raleigh, NC 27604 (919) 876-2211 www.CSRaleigh.snbhotels.com
Rate: \$89 (Double or King Style Room)	Rate: \$75 for up to 4 people (2 Doubles or 1 King)
Ask for NRG Rate	Ask for NRG Rate
Amenities:	Amenities:
- Complimentary Deluxe Continental Breakfast	- Free Breakfast Served Hot Daily
- Free high-speed access	- Sleeper Sofa
- Fitness Center	- High Speed Internet Business Center
- All interior corridors	- Fitness Center

NAME OF MEET: **NRG Challenge**

DATE: **January 15th – 16th, 2011**

TEAM NAME: _____ PHONE: _____

TEAM ADDRESS: _____ CLUB USAG: _____

CITY: _____ STATE: _____ ZIP: _____

COACH NAME: _____ COACH USAG # _____ SAFETY CERTIFIED _____

COACH NAME: _____ COACH USAG # _____ SAFETY CERTIFIED _____

COACH NAME: _____ COACH USAG # _____ SAFETY CERTIFIED _____

COMPETITOR NAME	REGISTRATION #	LEVEL	AGE	DOB	U.S CITIZEN?
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Total # of Individuals _____ x Fee \$65.00 = _____

Total # of Teams _____ x Fee \$40.00 = _____

Total Entry Fee \$ _____

Please indicate which teams you are entering in the team competition:

- | | | |
|-----------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Bronze 1 | <input type="checkbox"/> Bronze 2 | <input type="checkbox"/> Silver |
| <input type="checkbox"/> Gold | <input type="checkbox"/> Platinum | <input type="checkbox"/> Level 2 |
| <input type="checkbox"/> Level 3 | <input type="checkbox"/> Level 4 | <input type="checkbox"/> Level 5 |
| <input type="checkbox"/> Level 6 | <input type="checkbox"/> Level 7 | <input type="checkbox"/> Level 8 |
| <input type="checkbox"/> Level 9 | <input type="checkbox"/> Level 10 | |

Deadline: Monday December 20th 2010