

Gymnast Registration Entries	\$85 x _____ = _____
Indicate Team Entry Levels Here: <input type="checkbox"/> 4, D1 <input type="checkbox"/> 4, D2 <input type="checkbox"/> 5, D1 <input type="checkbox"/> 5, D2 <input type="checkbox"/> 6, D1 <input type="checkbox"/> 6, D2 <input type="checkbox"/> 7, D1 <input type="checkbox"/> 7, D2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> JD	\$50 x _____ = _____
Check #: _____ Total: _____	



**Make Checks payable to:
KMC BAPO**

**Mail Registration and Check to:
KMC Gymnastics
Attn: Jacquelynn Simon
2018 KMC Mushroom Classic
912 W Cypress St.
Kennett Square, PA 19348**

Please email a copy of completed reg. form to
jacqmchugh@rocketmail.com
 Contact person: Jacquelynn Simon
 610-235-9688