



INTENT TO COMPETE FORM

Name of YMCA: _____
 Gym Address: _____
 City: _____ State: _____ Zip: _____

Women's Contact Person: _____
 Gym Phone: _____ Contact Phone: _____
 E-Mail: _____ Club Name: _____

Men's Contact Person: _____
 Gym Phone: _____ Contact Phone: _____
 E-Mail: _____ Club Name: _____

Please check the following:

- YES, our girl's team will be able to attend.
- YES, our boy's team will be able to attend.

Our entry will include the following levels and approximate number of gymnasts:

<u>Girls:</u>		<u>Boys:</u>	
Level 2: _____ No. of gymnasts _____		Level 3: _____ No. of gymnasts _____	
Level 3: _____ No. of gymnasts _____		Level 4: _____ No. of gymnasts _____	
Level 4: _____ No. of gymnasts _____		Level 5: _____ No. of gymnasts _____	
Level 5: _____ No. of gymnasts _____		Level 6: _____ No. of gymnasts _____	
Level 6: _____ No. of gymnasts _____		Level 7: _____ No. of gymnasts _____	
Level 7: _____ No. of gymnasts _____		Championship: _____ No. of gymnasts _____	
Level 8: _____ No. of gymnasts _____		No. of Coaches: _____	
Prep-Optional: _____ No. of gymnasts _____			
Championship: _____ No. of gymnasts _____			
No. of Coaches: _____			

Questions should be directed to: signmeup@ymcanationals2008.org

Mail form and processing fee to: 2008 YMCA National Gymnastic Championships
 Sheboygan County YMCA
 812 Broughton Drive
 Sheboygan, WI 53081

Enclosed is our processing fee. If Intent to Compete form is received before October 31, processing fee is \$15, after November 1, processing fee is \$20. After the processing fee is received, additional registration instructions and forms will be provided.

Checks should be made out to: Sheboygan County YMCA