



Cobweb Invitational Registration Form
Zone 2 Trials to 2010 BC Winter Games

PLEASE COMPLETE THE FOLLOWING REGISTRATION AND RETURN BY **DECEMBER 10, 2009**

CLUB NAME: _____

PHONE#: _____

ADDRESS: _____

FAX#: _____

 CONTACT NAME: _____

LEVELS: Provincial Level 1,2,3,4,5 & Pre-Novice,
 National Novice, National Open

NAME	Birthdate	LEVEL	AGE Category
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

TOTAL ENTRY FEE:

Entry per athlete _____ X \$55 = _____

Total payment enclosed: _____

Mail:
 365 Hartman Road
 Kelowna, BC
 V1X 2M9
 FAX: 250 765-0890
 EMAIL: ogc@telus.net
 Phone: 250 765-0888

PAYMENT OPTIONS:

By Cheque:
 Made payable to Okanagan Gymnastics Centre

By Credit Card:
 We accept Visa/Mastercard
 Card Number: _____
 Expiry date: _____
 Name: _____

We will accept credit cards over the phone and registration forms can either be faxed or e-mail to to OGC.

