

# TGN's Round-Up Invitational

- Date:** January 5-6, 2019
- Meet Site:** The Gym Nest • Macon, GA 31210 • (478) 474-3021
- Meet Director:** Tina Hutchinson
- Entry Deadline:** Thursday, December 6, 2018  
(An additional \$25.00 fee must accompany all late entries)  
**No refunds after deadline.**
- Entry Fee:**
- |                             |                     |
|-----------------------------|---------------------|
| AAU & USAG Compulsory       | \$65.00 per gymnast |
| USAG Levels 6-10 & All Xcel | \$75.00 per gymnast |
| Team Fee                    | \$50.00 per team    |
- Payment:** Make checks payable to:  
The Gym Nest • 120 Macon West Drive • Macon, GA 31210
- Awards:** Individual medals for events and All-Around per AAU guidelines.  
AAU and USAG gymnasts will be divided into equal age groups by birthdate.  
Team awards for top 50%
- Equipment:** AAI Vault Table (note: runway is 77' max & 1 inch thick)  
AAI Super Wide Spread Bars  
AAI Reflex Beam  
AAI Stratum Floor Exercise  
AAI Coil Spring Board & Stratum Vaulting Boards  
Air-O-Board
- Admission:** \$7.00 Adult  
\$4.00 Children (ages 5-17) /Senior Citizens

Game Rules: Gymnasts that stick vault landing, bar dismount, beam dismount, or have no falls during the floor routine will be sentenced to jail by the head judge.

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January 5-6, 2019

Hosted by The Gym Nest

Team Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Team Address \_\_\_\_\_ Fax \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Club Number: \_\_\_\_\_

Coaches \_\_\_\_\_ USAG # \_\_\_\_\_ Safety Cert. Exp. \_\_\_\_\_ Background Exp. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

USAG Level: \_\_\_\_\_

**ONLY ONE LEVEL PER FORM, PLEASE!**

	Competitor Name	USAG #	D.O.B.	Age
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Total USAG Level \_\_\_\_\_ Compulsory Gymnasts \_\_\_\_\_ x \$65.00 = \_\_\_\_\_

**OR**

Total USAG Level \_\_\_\_\_ Gymnasts (levels 6-10/Xcel) \_\_\_\_\_ x \$75.00 = \_\_\_\_\_

Team Entry \_\_\_\_\_ x \$50.00 = \_\_\_\_\_

Total Enclosed \_\_\_\_\_

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**120 Macon West Drive**  
**Macon, GA 31210**  
**478-474-3021 (fax 478-474-3427)**

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## January 5-6, 2019

Team Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Team Address \_\_\_\_\_ Fax \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Club Number: \_\_\_\_\_

Coaches	USAG #	Safety Cert. Exp.	Background Exp.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AAU Level: \_\_\_\_\_

**ONLY ONE LEVEL PER FORM, PLEASE!**

	Competitor Name	AAU #	D.O.B.	Age	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Total AAU Level \_\_\_\_\_ Compulsory Gymnasts \_\_\_\_\_ x \$65.00 = \_\_\_\_\_  
 Or  
 Total AAU Xcel \_\_\_\_\_ Gymnasts \_\_\_\_\_ x \$75.00 = \_\_\_\_\_  
 Team Entry \_\_\_\_\_ x \$50.00 = \_\_\_\_\_

Total Enclosed \_\_\_\_\_

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