



# 2021 Arnold Gymnastics Challenge

Enter number of athletes and Yes or No to Team.  
Other categories will calculate themselves.

## Invoice

Club Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Level	Number Entered	Cost Each	TEAM (\$60.00 each) <i>*Type "NO" to enter no Team</i>	Team Fee	Sub-Total
<b>WOMEN</b>					
2		\$120.00		Not Eligible	
3		\$120.00		Not Eligible	
4		\$120.00		Not Eligible	
5		\$120.00		Not Eligible	
6		\$135.00		Not Eligible	
7		\$135.00		Not Eligible	
8		\$135.00		Not Eligible	
9		\$135.00		Not Eligible	
10		\$135.00		Not Eligible	
XB		\$135.00		Not Eligible	
XS		\$135.00		Not Eligible	
XG		\$135.00		Not Eligible	
XP		\$135.00		Not Eligible	
XD		\$135.00		Not Eligible	

**You have 0 total women athletes entered.**

**Total Owed Women →**

Level	Number Entered	Cost Each	TEAM (\$60.00 each) <i>*Type "NO" to enter no Team</i>	Team Fee	Sub-Total
<b>MEN</b>					
4		\$115.00		Not Eligible	
5		\$115.00		Not Eligible	
6		\$115.00		Not Eligible	
7		\$130.00		Not Eligible	
8		\$130.00		Not Eligible	
9		\$130.00		Not Eligible	
10		\$130.00		Not Eligible	
JD		\$130.00		Not Eligible	

**You have 0 total men athletes entered.**

**Total Owed Men →**

**You have 0 total athletes entered.**

**Total Owed →**

Please make checks payable to:

**Arnold Gymnastics Challenge**

Please mail payments and this invoice to:

**Arnold Gymnastics Challenge**

**C/O: Cyclone Gymnastics**

**6800 Commerce Court Drive**

**Blacklick, OH 43004**

For inquires or assistance:

**Contact: Melissa Willson**

**Phone: (614) 863-4616**

**eMail: [cyclonegymnastics@hotmail.com](mailto:cyclonegymnastics@hotmail.com)**