



## On Your Mark...get set...GO!



Your Team is invited to what promises to be  
the most exciting Girls' Gymnastics meet in Indianapolis in 2006!  
Get ready to take off with **The Indy School of Gymnastics** when we present  
The 2<sup>nd</sup> Annual Great Race Invitational on  
January 14 and 15, 2006.

Beams (new), Vault, Uneven bars (new) are all AAI  
Level 4 vault (new)  
42'x 42' Palmer Floor

We have a state-of-the-art gym (32,000 sq ft.) with plenty of room for teams  
and spectators. Indy School of Gymnastics is conveniently located at the  
Michigan Road exit off 465 and 65 (see map).



Levels 4-10

Entry Fee \$32.00 for levels 4-6  
\$38.00 for levels 7-10

100% Team award \$30.00 (Team consists of 3 or more gymnasts.)

Mail Entries to: The Indy School of Gymnastics  
9850 Mayflower Park Drive  
Carmel, IN 46032  
Attn: The Great Race  
Fax entries to: 317-803-2160  
Phone-317-872-5948

Make checks payable to: **The ISG Girls Booster Club**

[www.indygym.com](http://www.indygym.com) Girls Team page

Email: [thegreatrace1@aol.com](mailto:thegreatrace1@aol.com)

Entries in hand by December 15, 2005.

**All participating gymnasts will receive medals for All-Around, 50% for events and  
achievement ribbons for level 4  
All Coaches and gymnasts receive a treasure bag**

### Coaches Amenities

We will provide a gourmet lunch for coaches (Macaroni Grill, Texas Roadhouse,  
AppleBees, Shapiro's, Amore', Starbucks) along with a table on the floor with  
water and snacks. Breakfast items will be available for morning sessions.  
Again, we will have awards for the coach with the highest team score each  
session.

The Indy School of Gymnastics  
 9850 Mayflower Park Drive  
 Indianapolis, IN 46260  
 317-872-5948

**\$32.00 levels 4-6**  
**\$38.00 Levels 7-10**  
**Team Fee \$30.00 per level**

Team name \_\_\_\_\_  
 Team USAG# \_\_\_\_\_ Phone \_\_\_\_\_  
 Team Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. Coach (s) name \_\_\_\_\_ USAG# \_\_\_\_\_ safety Cert exp date \_\_\_\_  
 2. Coach (s) name \_\_\_\_\_ USAG# \_\_\_\_\_ safety Cert exp date \_\_\_\_

	Name	Level	Age	Registration #	DOB	US Citizen
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

Compulsory	Total
Level 4#	
Level 4 Team	
Level 5	
Level 5 Team	
Level 6	
Level 6 Team	
<b>Total</b>	

\$32 X \_\_\_\_\_

Levels for Optional Gymnasts	Total
Level 7	
Level 7 Team	
Level 8	
Level 8 Team	
Level 9	
Level 9 Team	
Level 10	
Level 10 Team	
<b>Total</b>	

\$38 X \_\_\_\_\_

Team #'s  
 Level 4 \_\_\_\_\_  
 Level 5 \_\_\_\_\_  
 Level 6 \_\_\_\_\_  
 Level 7 \_\_\_\_\_  
 Level 8 \_\_\_\_\_  
 Level 9 \_\_\_\_\_  
 Level 10 \_\_\_\_\_

Compulsory Total \_\_\_\_\_

Optional Total \_\_\_\_\_

Grand Total \_\_\_\_\_