



# 2019 Region 3 Championships

## Hosted by IGM Gymnastics

### Dates:

**April 27-28:** L7-10 & Int, Adv, FIG Group

**May 11-12:** L4-6 & Beg Group & Level 3 & Xcel Region 3 Invitational

**Meet Site:** Lifetime Fitness

**Address:** 18425 Dodd Blvd, Lakeville, MN 55044

### Meet Directors:

Brooke Stately **Email:** [brooke@igmgymnastics.com](mailto:brooke@igmgymnastics.com)

Irina Kim **Email:** [intgyymm@yahoo.com](mailto:intgyymm@yahoo.com)

### Entry Fees:

Level 3-4: \$80

Level 5-6: \$105

Level 7-10: \$130

Groups: \$25 per athlete/per event

Xcel: \$20/ individual routine & \$15/athlete/group routine

\$25.00 late fee per athlete, all entry fees are non-refundable

**Registrations Due:** Please register your gymnasts on the USAG Website and send one check per club by the deadline. All gymnasts, music, & forms must also be uploaded onto the KSIS system.

**Any registrations postmarked AFTER the deadline will incur a \$25/gymnast late fee.**

**Deadline for L7-10 & Int, Adv, FIG Group: February 15th**

**Deadline for L4-6 & Beg Group: March 1st:**

**Difficulty forms due:** April 1st, 2019

**Please mail registration and 4 copies of each form to:**

**IGM Gymnastics, 14305 Southcross Dr. W. Suite 120, Burnsville, MN 55306**

Tentative Schedule will be available by March 15th



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## MEET ENTRY FORM

Team Name: \_\_\_\_\_ USAG Club# \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please List All Coaches Attending Competition:

Name	USAG Pro #	Membership Exp.	Safety Cert. Exp.	Background Exp.

\_\_\_\_ x Level 3 -- \$80 = \$\_\_\_\_\_

\_\_\_\_ x Level 4 -- \$80 = \$\_\_\_\_\_

\_\_\_\_ x Level 5 -- \$105 = \$\_\_\_\_\_

\_\_\_\_ x Level 6 -- \$105 = \$\_\_\_\_\_

\_\_\_\_ x Level 7 -- \$130 = \$\_\_\_\_\_

\_\_\_\_ x Level 8 -- \$130 = \$\_\_\_\_\_

\_\_\_\_ x Level 9 -- \$130 = \$\_\_\_\_\_

\_\_\_\_ x Level 10 -- \$130 = \$\_\_\_\_\_

\_\_\_\_ x Group

\$25 per athlete/per event = \$\_\_\_\_\_

\_\_\_\_ x Xcel: \$20/ athlete/ routine

& \$15/athlete/group routine \$\_\_\_\_\_

Total Entry Fees \$\_\_\_\_\_

Please send one check payable to **IGM Gymnastics**

**Send checks & forms to:**

IGM Gymnastics

14305 Southcross Dr. W. Suite 120

Burnsville, MN 55306

