

SESSION 1

Developmental Team: Perfect 10's, Shooting Stars, PreTeam,
Dazzlers, Dynamites, Level 4 Boys

Broadway Bonanza!

SKILL SPECTACULAR

The Broadway Bonanza is an opportunity for your gymnast to gain valuable experience learning routines and performing them on their track to competitive gymnastics!

Sunday Nov. 15th

9:00 am (tentative time)

ENTRY FOR PARTICIPANT \$40.00

*ENTRY FEE INCLUDES: BANDANA,
STUFFED ANIMAL, COWBOY HAT AND MEDAL!!*

Help us fundraise for NEW gymnastics equipment!

Adult admission at the door \$5

Children are FREE!



For more information email Coach
Kara at karagwilli@gmail.com

Please return bottom portion with payment by **Nov. 2nd, 2015.**

My child _____ will participate in the Broadway Bonanza Skill Spectacular. Please circle which team your child is on.

Shooting Stars - Perfect 10^s - Dazzlers - Hot Shots – Dynamites – PreTeam – Level 4

Parent Signature _____ Date _____

Make check payable to Broadway Gymnastics. Please complete the following for credit card payment.

(please circle) Visa/MasterCard/Discover # _____

Exp. Dt: _____ CSV Code: _____ Authorized Charge Amt: \$ _____

Name as shown on card: _____

Signature _____ Date _____

SESSION 2

Broadway Bounders, Boys Only 4-6, Pre-School Groups

Broadway Bonanza!

SKILL SPECTACULAR

Each child will be performing many of the skills they have been working on during their classes on each event!

Sunday Nov. 15th

11:00 am (tentative time)

ENTRY FOR PARTICIPANT \$40.00

ENTRY FEE INCLUDES: BANDANA, STUFFED ANIMAL, COWBOY HAT AND MEDAL!!

Help us fundraise for NEW gymnastics equipment!

Adult admission at the door \$5

Children are FREE!



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Please return bottom portion with payment by **Nov. 2nd, 2015.**

My child _____ will participate in the Broadway Bonanza

Skill Spectacular. He/She attends (circle one):

Broadway Bounders - Boys Only 4-6 - School group _____

On _____ at _____ with coach _____.

(day)

(time)

Parent Signature _____ Date _____

Make check payable to Broadway Gymnastics. Please complete the following for credit card payment.

(please circle) Visa/MasterCard/Discover # _____

Exp. Dt: _____ CSV Code: _____ Authorized Charge Amt: \$ _____

Name as shown on card: _____

Signature _____ Date _____

SESSION 3

Flyers (5-7), Gliders (5-9), School Groups K-5

Broadway Bonanza!

SKILL SPECTACULAR

The gymnasts will be performing routines on each of the events created by their coaches, highlighting the skills they have been learning in class.

Sunday Nov. 15th

1:00 pm (tentative time)

ENTRY FOR PARTICIPANT \$40.00

ENTRY FEE INCLUDES: BANDANA, STUFFED ANIMAL, COWBOY HAT AND MEDAL!!

Help us fundraise for NEW gymnastics equipment!

Adult admission at the door \$5

Children are FREE!



For more information email Coach Kara at karagwilli@gmail.com

Please return bottom portion with payment by **Nov. 2nd, 2015.**

My child _____ will participate in the Broadway Bonanza

Skill Spectacular. He/She attends (circle one):

Flyers - Gliders - School Group _____

On _____ at _____ with coach _____.

(day)

(time)

Parent Signature _____ Date _____

Make check payable to Broadway Gymnastics. Please complete the following for credit card payment.

(please circle) Visa/MasterCard/Discover # _____

Exp. Dt: _____ CSV Code: _____ Authorized Charge Amt: \$ _____

Name as shown on card: _____

Signature _____ Date _____

SESSION 4

Boys only 7-10, Aerials, Saltos, School Groups

Broadway Bonanza!

SKILL SPECTACULAR

The gymnasts will be performing routines on each of the events created by their coaches, highlighting the skills they have been learning in class.

Sunday Nov. 15th

3:00 pm (tentative time)

ENTRY FOR PARTICIPANT \$40.00

ENTRY FEE INCLUDES: BANDANA, STUFFED ANIMAL, COWBOY HAT AND MEDAL!!

Help us fundraise for NEW gymnastics equipment!

Adult admission at the door \$5

Children are FREE!



For more information email Coach Kara at karagwilli@gmail.com

Please return bottom portion with payment by Nov. 2nd, 2015.

My child _____ will participate in the Broadway Bonanza Skill Spectacular. He/She attends (circle one):

Boys only 7-10 - Aerials - Saltos - School Group _____

On _____ at _____ with coach _____.
(day) (time)

Parent Signature _____ Date _____

Make check payable to Broadway Gymnastics. Please complete the following for credit card payment.
(please circle) Visa/MasterCard/Discover # _____

Exp. Dt: _____ CSV Code: _____ Authorized Charge Amt: \$ _____

Name as shown on card: _____

Signature _____ Date _____