



Welcome to the 37th Annual

Rainbow Classic!

ENTRY FEES

Levels 2-10 and
All Xcel Levels:
\$120

Teams:
\$50

GIFTS FOR GYMNAST

All athletes will receive a free shirt! Please include sizes on the entry form. Additional gifts can be purchased at event.

HIGH SCHOOL SENIORS

All seniors will be recognized and receive a special gift. Please indicate seniors on the Senior Questionnaire form and return with the entry form.

LOCAL HOTEL:

COBBLESTONE HOTEL & SUITES
12695 Washington Township Boulevard
Waynesboro, PA 17268

www.rainbowgymnasticspa.com



37th Annual

Rainbow Classic

**DEADLINE:
JANUARY 1, 2025**

Team Name: _____ Club #: _____

Address: _____

Email Address: _____ Phone: _____

Coach: _____ USAG# _____

Coach: _____ USAG# _____

Coach: _____ USAG# _____

Please organize your gymnasts by levels. Make additional copies if needed.

GYMNAST NAME	USAG #	LEVEL	SENIOR?	BIRTH DATE	SHIRT SIZE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Number of **Level 2** gymnasts _____ x \$120 = \$ _____

Number of **Level 3, 4 & 5** gymnasts _____ x \$120 = \$ _____

Number of **Xcel** gymnasts _____ x \$120 = \$ _____

Number of **Level 6-10** gymnasts _____ x \$120 = \$ _____

Number of **Teams** _____ x \$50 = \$ _____

Please mail and make club check payable to:
RAINBOW GYMNASTICS
71 West Main Street • Waynesboro, PA 17268

TOTAL ENTRY FEE:
\$ _____





Senior QUESTIONNAIRE

Please fill out form completely and return to:
RAINBOW GYMNASTICS
71 West Main Street • Waynesboro, PA 17268

Gymnast Name: _____

Gymnast Level: _____

Gymnast Club: _____

Parent(s) or Guardian(s): _____



Other Sports, Hobbies, and/or Academics: _____



Future Plan(s): _____
