



MarVaTeens Parents Association
proudly presents...

The Nation's Capital Cup! March 5-6, 2011

A Women's USAG Invitational Meet
Levels 4 through 10
Modified Capital Cup Format

Meet Location: Prince George's Sports and Learning Complex
8001 Sheriff Road
Landover Maryland 20785
(A 25,000 sq. ft. facility furnished with AAI equipment)

Schedule: Levels 7-10 compete Saturday March 5, 2011
Levels 4-6 compete Sunday March 6, 2011
Individual and Team awards after each session
(Age groups will be determined by an even distribution within each level)

Special gift for each gymnast. Coaches Hospitality at the meet site.

Entry Fees: Levels 4-6 \$80/gymnast
Level 7-10 \$100/gymnast
Team \$50/level (top three scores count regardless of age)

Entry Deadlines: Full payment due by January 16, 2011
No refunds after January 31, 2011 (substitutions only)
Early registration prior to 10/31/10, a single level team fee will be waived.

**This meet traditionally fills and teams have unfortunately been turned away.
Register early to avoid disappointment. Only full payment guarantees your spots.**

Host Club: MarVaTeens Gymnastics
5636 Randolph Road
Rockville, Maryland 20852
301-468-9181 (301-468-9129 FAX)

Host Hotel: Radisson Hotel
9100 Basil Court
Largo, Maryland 20774
301-773-0700
(Mention the Nation's Capital Cup when making the reservations to receive a special rate.)

Meet Coordinator: Rich Carlblom
capitalcup@gmail.com
301-468-9181

NATION'S CAPITAL CUP March 5-6, 2011
REGISTRATION FORM
Entry deadline: January 16, 2011



Team: _____
 USAG Club#: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Contact E-mail: _____

Gymnast Entry Fees:
Levels 4-6 \$80//gymnast
Levels 7-10: \$100/gymnast
Team Fees: \$50/team/level

Please submit registration form, gymnast roster, and check payable to **MVTPA** to:
 MarVaTeens, Attn: Capital Cup Coordinator
 5636 Randolph Road
 Rockville, Maryland 20852
 (Forms may be faxed to 301-468-9129, but registration will not be complete until payment is received.)

Coach Name	USAG Professional #	Safety Cert Exp Date

Level	Number of Gymnasts	Team Entry? (circle)	Amount Due per Level
4	X \$80	Y + \$50	
5	X \$80	Y + \$50	
6	X \$80	Y + \$50	
7	X \$100	Y + \$50	
8	X \$100	Y + \$50	
9	X \$100	Y + \$50	
10	X \$100	Y + \$50	
Subtotal:			
Is it before 10/31/10? Then you get a discount! (- \$50)			
Total Amount Due:			

Contact: 301-468-9181 or capitalcup@gmail.com with any questions.

