

# Thrive Gym's Friendship Meet

## *Deposit Form*

GYM NAME

CONTACT NAME

CONTACT PHONE #

CONTACT EMAIL

### *# of Gymnasts Per Lvl*

LVL 2	LVL 3	LVL 4	LVL 5	LVL 6	LVL 7
BRNZ	SLVR	GLD	PLTNM	DMD	

**Deposit Owed: \$100**

**Checks must be sent to:**

*451 Defense Highway, A1  
Annapolis, MD 21401*

*\*Make payable to Thrive Gym\**

*\*DUE NOVEMBER 15TH\**