



## A Critique Meet with Fun, Free, Educational Clinics!

Receive personal input from judges for all levels, and free clinics available throughout the weekend with entry or gate fee for gymnasts, coaches and parents.

### COMPETITION JAN 4-6, 2019

**Orlando, Florida**  
Wyndham Resort Orlando  
(International Drive)

### MAIL COMPLETED FORM & CHECK

Shannon Miller Gold Cup  
4311 Salisbury Road | Jacksonville, FL 32216  
Absolutely NO Faxes Accepted

### DEADLINE TO ENTER\*:

Friday, November 30th  
Limited to 600 Athletes  
FIRST COME FIRST SERVED

#### Levels

USA: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10  
XCEL: Bronze, Silver, Gold, Platinum, Diamond

#### Equipment

AAI - All sessions are modified  
Capital Cup format

## ENTRY FEES

|                           | Early Bird<br>by 9/7 | Regular<br>9/8-11/30/18 | *Late<br>12/1-12/14/18 |
|---------------------------|----------------------|-------------------------|------------------------|
| Optional (including Xcel) | \$110                | \$120                   | \$130                  |
| Compulsory Level 1-5      | \$100                | \$110                   | \$120                  |
| Team Entry (per team)     | \$ 55                | \$ 55                   | \$ 70                  |

\*If space is available.

Included with your entry fee, each gymnast receives:

- Meet t-shirt (please indicate size on entry form in the space provided)
- Shannon Miller autograph
- Goody Bag
- Entrance to all clinics (athletes, parents, coaches)

## AWARDS

#### INDIVIDUAL:

Events 50%+1 – Custom SMGC Medals

#### ALL-AROUND:

1-3 Trophies  
100% Medals



#### TEAM:

Team trophies 50%+1 (Top 3 scores count)

#### TWO DIVISIONS:

Small Team – 3-6 Gymnasts | 3 Scores Count  
Large Team – 7+ Gymnasts | 3 Scores Count

[shannonmillergoldcup.com](http://shannonmillergoldcup.com)

Contact Morgan Yonge: [morgan@shannonmillerlifestyle.com](mailto:morgan@shannonmillerlifestyle.com)



# A Critique Meet

with Free, Fun, Educational Clinics!

First Come, First Serve  
Limit 600 Athletes

## EVENT REGISTRATION

|  |                 |  |
|--|-----------------|--|
| <b>Team/Gym Information/Individual</b> (must have coach at meet) |                 | <b>Early Bird until 9/7/18   Deadline 11/30/18   Late Deadline (additional fee) 12/14/18</b> |
| Team/Gym/Individual Name   |                 | Club ID#   |
| Address  |                 | City, State, ZIP   |
| Phone  | Alternate Phone |  |
| Email Address  |                 |  |

| Coaches Attending | USA# | Member Exp Date | Safety Exp Date | Background Exp |
|-------------------|------|-----------------|-----------------|----------------|
|                   |      |                 |                 |                |
|                   |      |                 |                 |                |
|                   |      |                 |                 |                |
|                   |      |                 |                 |                |

**PLEASE USE ONE FORM PER LEVEL** Enter Team Competition: Yes  No

\*FREE T-shirt for athletes! Please Indicate size as:  
Child: CS, CM, CL or Adult: AS, AM, AL, AX

**USA LEVEL** If filling in by hand, please ✓ to right of level number

**XCEL LEVEL**

|   |   |   |   |   |   |   |   |   |    |        |        |      |          |         |
|---|---|---|---|---|---|---|---|---|----|--------|--------|------|----------|---------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Bronze | Silver | Gold | Platinum | Diamond |
|---|---|---|---|---|---|---|---|---|----|--------|--------|------|----------|---------|

|    | Athlete Name | T-Shirt Size* | USA# | Age | Birthday | Fee |
|----|--------------|---------------|------|-----|----------|-----|
| 1  |              |               |      |     |          |     |
| 2  |              |               |      |     |          |     |
| 3  |              |               |      |     |          |     |
| 4  |              |               |      |     |          |     |
| 5  |              |               |      |     |          |     |
| 6  |              |               |      |     |          |     |
| 7  |              |               |      |     |          |     |
| 8  |              |               |      |     |          |     |
| 9  |              |               |      |     |          |     |
| 10 |              |               |      |     |          |     |
| 11 |              |               |      |     |          |     |
| 12 |              |               |      |     |          |     |
| 13 |              |               |      |     |          |     |

See Fees and Deadlines on Info Sheet

To get best pricing make sure your registration forms are postmarked by deadline!

**>>>>Mail Completed Form with Payment<<<<**

MAKE CHECKS PAYABLE TO: SHANNON MILLER GOLD CUP, LLC

MAIL TO: 4311 SALISBURY ROAD, JACKSONVILLE, FL 32216

This box only needs to be completed on one form per gym.

|                             |   |    |
|-----------------------------|---|----|
| Athletes (Total, all pages) | # | \$ |
| \$50/team (if applicable)   | # | \$ |
| Sub-Total (this page)       |   | \$ |

Grand Total (all pages) \$