

POST COMPETITION REPORT FROM

This form and payment must be sent to the MGA Office Immediately following the competition

Host Club:

Contact:

Phone:

Email:

Date of Competition:

Location of Competition:

Number of Gymnasts Registered :

Number of Refunded Registrations:

Total Number of Participants:

\$ 5.00 / ea

Please make the cheque payable to:

Manitoba Gymnastics Association
And mail to: Manitoba Gymnastics Association
145 Pacific Ave
Winnipeg, MB
R3B 2Z6

MGA OFFICE USE ONLY

Rct #:

Chq #:

Amount: