

FALCON ARTISTIC GYMNASTICS
208-721 Vanalman Avenue
Victoria BC V8Z 3B6
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Website: www.falcongymnastics.com

FALCON GYMNASTICS PARENTS ASSOCIATION PRESENTS

35th Annual Garden City Invitational 2017

Join us in celebrating our *35th Anniversary* of the Garden City Invitational! Judges, Coaches, and Gymnasts enjoy our garden-themed competition each year. Victoria is known as the “City of Gardens” for its trademark hanging baskets and the annual “Spring Flower Count”. Join in the fun and dress in theme along with our Judges, Coaches, and volunteers!

Why not tour some of the highlights of the capital city while you’re here? ...The Butchart Gardens, Legislative Buildings, Inner Harbour, Royal British Columbia Museum, and Chinatown to name a few.





35th Annual Garden City Invt'l 2017
May 19th -21st, 2017

General Information Package

COMPETITION DATE: May 19-21, 2017

NEW VENUE: G.R. Pearkes Recreation Centre - Fieldhouse

3100 Tillicum Road, Victoria BC

HOST: Falcon Artistic Gymnastics

CONTACT: Sheila Schmidt, Registrar

Email: gardencityinvit@gmail.com

Tel: (250) 479-6424

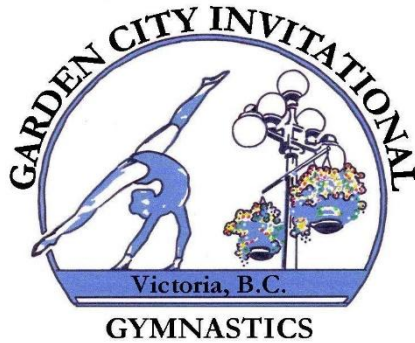
REGISTRATION AND OTHER INFORMATION:

Please let us know if you are interested in participating by submitting the enclosed ***Intent to Participate*** form (names not required, only anticipated numbers) as well as a \$120 non-refundable team deposit by ***Friday, January 20, 2017.***

The enclosed ***Registration Form*** (coaches and athletes required) and a ***FULL PAYMENT*** must be submitted by ***Friday, March 24, 2017.***

** All fees include lunch and goody bags. Please note that late registrants are not guaranteed a spot. Early registration is recommended. **

Discipline	Early Bird Fee	Regular Fee	Late Fee
	February 24 deadline	March 24 deadline	March 27 & later
JO Levels 2 - 9	\$100	\$120	\$130
Perf Plus Interclub	\$80	\$90	\$100
Interclub	\$70	\$80	\$90



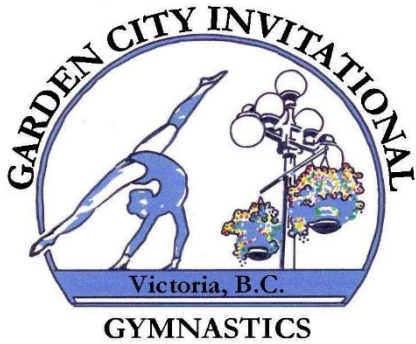
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REGISTRATION AND OTHER INFORMATION cont'd...

A refund of the registration fee submitted (less \$20 admin fee) will be given to scratches received on, or before Apr 13, 2017. No refunds for scratches after Apr 13, unless for medical reasons. Medical scratches will receive a refund of the registration fee submitted (less \$20 admin fee) if received on or before May 18, 2017 and if accompanied by a medical note. No refunds will be given to no-show's or on-site scratches. ***For more information, please contact Sheila Schmidt, Registrar, at 250-479-6424 or by email: gardencityinvit@gmail.com.***

FOR OUT OF PROVINCE COMPETITORS:

We are using JO Program Levels 2-9. Our meet is sanctioned by Gymnastics Canada to allow international competitors. For further information, please contact Head Coach, Renata Allan: info@falcongymnastics.com



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INTENT TO PARTICIPATE

Yes, we are interested in participating!

Club Name: _____ Contact Name: _____
 E-mail: _____ Tel: _____ Fax: _____

Anticipated number of participants (please fill in the table):

Interclub	Perf Plus Interclub	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8	Level 9

Please mail or email to gardencityinvit@gmail.com this completed form, along with a non-refundable \$120 team deposit cheque payable to **Falcon Gymnastics Parents Association**, to:

Sheila Schmidt,
 Registrar, Garden City
 Invitational
 PO Box 24047
 4420 West Saanich Road
 Victoria, BC V8Z 7E7

*Your **Intent to Participate** is requested by Friday, January 20, 2017.
 Participation can only be guaranteed on receipt of full payment.*

Athlete Registration Form

Club Name:

Contact Name:

Tel:

Fax:

Email:

	NAME (Please type or print CLEARLY)	JO Level	Birthdate y/m/d	GBC Number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Please mail your completed registration forms, along with a cheque payable to ***Falcon Gymnastics Parents Association*** to:

Sheila Schmidt- Registrar
Garden City Invitational
PO Box 24047
4420 West Saanich Road Victoria, BC
V8Z 7E7



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May 19th-21st 2017

REGISTRATION

Registration Deadline: Early Bird: February 24; Regular: March 24

Club Name: _____

Head Coach and email: _____

Contact name and email: _____

(if different from Head Coach)

Telephone: _____

Attending Coaches

Last Name	First Name	NCCP #

Participating Athletes (Please provide athlete information on enclosed separate page)

Number of level 2 - 9 participants: _____ x \$120 = \$ _____

Number of Perf Plus participants: _____ x 90 = \$ _____

Number of Interclub participants: _____ x \$80 = \$ _____

Less \$120 deposit (if previously paid) **Total \$** _____