



2019 MARYLAND ROSE INVITATIONAL HOSTED BY: ACPR GYMNASTICS

In Memory of Danita R. Cornelison • Competition Teams Since 1978

- DATES:** November 23 & 24, 2019
- COST:** \$100 per Gymnast (Any JO or Xcel Level)
\$50 per team All teams with 3 or more gymnasts may enter team competition (3 scores count)
- LEVELS:** Level 2 thru 10, and Xcel Bronze - Diamond
- ENTRY DEADLINE:** October 19, 2019 (Must use USA Gymnastics meet Reservation system, then Send payment by mail)
- MEET FORMAT:** Modified Traditional/Modified Capitol Cup as needed
- Meet Site:** Churchville Rec Center, 111 Glenville Rd, Churchville, MD
- PAYMENT:** **CHECK PAYABLE TO: ACPR GYMNASTICS**
P.O. BOX 248, CHURCHVILLE, MD 21028



AWARDS WILL EXCEED USAG GUIDELINES WITH MEDALS FOR ALL PLACEMENT AWARDS. **ALL GYMNASTS WILL RECEIVE LEOTARD AS GIFT THIS YEAR!** SPECIAL AWARDS WILL BE GIVEN FOR FIRST THRU THIRD ALL AROUND WINNERS AND TO ALL MEMBERS OF THE FIRST PLACE TEAMS. A SPECIAL GIFT WILL BE GIVEN TO EACH COACH AT THE MEET. AGES WILL BE DETERMINED AS OF DAY OF MEET. AGE GROUPS WILL BE DETERMINED BY THE ENTRIES.

EQUIPMENT

- Vault: TAC/10 Table
- Bars: AAI Elite
- Beams: AAI Reflex
- Floor: Baltic Birch
Palmer Spring Triflex
Carpet Bonded
Foam Surface
- Boards: Stratum
TAC10 LZT

Motionwear Gymnastics Size Chart (Measurements are in inches)

Child	Bust	Waist	Hips	Girth
XSC	20-23	18-20	21-23	37-39
SC	22-24	19-21	22-24	40-42
IC	24-26	20-22	24-26	43-45
MC	26-28	22-24	26-28	46-48
LC	28-30	24-25	28-30	49-51
Adult	Bust	Waist	Hips	Girth
PA	31-34	25-27	31-34	52-55
SA	34-36	27-28	34-36	56-59
MA	36-38	28-29	36-38	59-62
LA	37-40	29-30	37-40	62-64
XLA	39-42	30-31	39-42	64-66

MEET DIRECTORS

- Steve Cornelison/Dana Appleby/Holly Bushyager

EMAIL: corngym@comcast.net
 WEB: www.acprgymnastics.com
 PHONE: 443-243-6605

- Hot Food Available in Concessions Area
- Leotards on Sale
- Check-Out the Shout-Outs!!

2019 Maryland Rose Invitational Entry Form

Checks Payable to "ACPR Gymnastics"

Team Name _____ **Club #** _____
Team Email _____ **Team Cell:** _____

Coaches Information - Name	USAG#	Safety Exp	BKG Exp		
COMPETITOR NAME	LEVEL	USAG #	DATE OF BIRTH	AGE	Motionware Leo Size
Entry Fees for this page = No of Gymnasts X \$100.00	\$				
Team Fees = # teams X \$50.00	\$				
Total Fees	\$		Check #		