



JOIN US THIS WINTER AT OUR 27th TAISO CUP

FEBRUARY 16-18, 2018

TAISO Gymnastics Training Centre

133 First Lake Drive, Lower Sackville, Nova Scotia

Categories: JO Levels 3 – 10

Aspire 1 & 2

➤ **REGISTRATION DEADLINE - January 16th, 2018.**

Paid registrations are received on a first come first served basis.

Clubs are considered entered in TAISO Cup only when paid registration is received.

One cheque per club, payable to TAISO Gymnastics Training Centre

Entry fees: Artistic Gymnastics - \$70.00

Entry fee includes a TAISO Cup Memento.

AVOID DISAPPOINTMENT - REGISTER EARLY!

Electronic registration is not considered official until registration with payment is received.

➤ **Please send Registration forms and cheque to:**

TAISO Gymnastics Training Centre

133 First Lake Drive

Lower Sackville, Nova Scotia

B4C 3J9 Attn: Shawn Healey

➤ Schedule will be sent to all clubs by January 22, 2018.

➤ Refunds will be given with a Medical Certificate only! A \$15.00 administrative fee will apply.

Host Hotel: Future Inn – 30 Fairfax Dr, Halifax, NS, B3S 1P1

1-902-443-4333 or 1-800-565-0700

Block Code – 1802 TAISO

Rate - \$115 + tax, Cut-off date – January 26, 2018!

Competition Format

~ General Warm-up: 15-20 minutes.

~ Vault: Group Warm-up: JO 3: 45sec / gymnast, JO 4 & 5: 60 / gymnast, JO 6-8: 90 sec / gymnast,
JO 9-10: 2 min/gymnast

~ Bars: Group Warm-up: JO 3: 45sec / gymnast, JO 4 & 5: 60 / gymnast, JO 6-8: 90 sec / gymnast,
JO 9-10: 2 min/gymnast

~ Beam: Warm-up 2, Compete 1: JO 3: 45sec/gymnast, JO 4 & 5: 60/gymnast, JO 6-8: 90 sec/gymnast,
JO 9-10: 2 min/gymnast (may split 90 sec + 30sec)

~ Floor: Group Warm-up: JO 3: 45sec / gymnast, JO 4 & 5: 60 / gymnast, JO 6-8: 90 sec / gymnast,
JO 9-10: 2 min/gymnast (Minimum 8min / Maximum 10min)

Rotation Sizes: 7 or less gymnasts - one group. 8+ gymnasts – split into two groups

TAISO Cup Entry Form

Forms and payment must be received by January 16th, 2018

Please list all the same age category together.

Team Name: _____

Contact Person: _____ Phone Number: _____

Email Address: _____

List of Gymnasts

Category	Table Height	Gymnasts' Name	Birthdate DD / MM / YY	GNS # (if applicable)	Coach & Certification

TOTAL AMOUNT OWED - \$ _____