



**Wisconsin High School  
Gymnastics Association**

# INVOICE

**2023-2024 WHSGA Membership and Clinic**

**Date:** \_\_\_\_\_

**Bill to:** Wisconsin High School Gymnastics Association  
c/o Kali Knower  
1001 McHugh Dr  
Holmen, WI 54636

Description	Price
Scholarship Donation	\$100

**Total**