

USA GYMNASTICS COMPETITION ENTRY FORM



NAME OF MEET: _____ DATE: _____

TEAM NAME: _____ PHONE: _____

TEAM ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____ CLUB # _____

COACH(S) NAME: _____

COACH USAG #: _____ SAFETY CERT. EXPIRATION DATE: _____

Revised 11/2000

COMPETITOR NAME	ATHLETE REGISTRATION #	LEVEL	AGE DIV.	DATE OF BIRTH	U.S. CITIZEN?	PETITION PENDING
1)						
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