

USA GYMNASTICS COMPETITION ENTRY FORM



NAME OF MEET: Black-Eyed Susan Invitational DATE: Nov. 17-18, 2007

TEAM NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

TEAM ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ CLUB # \_\_\_\_\_

COACH(S) NAME: \_\_\_\_\_

COACH USAG #: \_\_\_\_\_ SAFETY CERT. EXPIRATION DATE: \_\_\_\_\_

Revised 11/2000

Club Fax#: \_\_\_\_\_

	COMPETITOR NAME	ATHLETE REGISTRATION #	LEVEL	AGE		DATE OF BIRTH	U.S. CITIZEN?
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