

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. Exp Date: _____



Competitor Name	Athlete Registration #	Level	Age Div.	Date of Birth	U.S. Citizen	Petition Pending
1)						
2)						
3)						
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