

Georgia Elite Classic Gymnast Entry Form

Make copies as needed. Please ONE level per form.

GYM NAME: _____ CLUB #: _____
GYM ADDRESS _____

Contact Name: _____
EMAIL ADDRESS _____

COACHES INFORMATION:

NAME:	USAG#	AAU#	Expiration	Background	Safety Cert.	U100
1						
2						
3						
4						
5						

GYMNASTS INFORMATION:

NAME	LEVEL	DOB	USAG#	AAU#
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

# OF GYMNAST	USA	1-5,Xcel	_____ X \$60.00	_____ \$0.00
	AAU	1-4,Prep	_____ X \$55.00	_____ \$0.00
TEAM ENTRY/PER LEVEL			_____ X \$50.00	_____ \$0.00
TOTAL AMOUNT DUE:				_____ \$0.00

PLEASE MAKE CHECK PAYABLE TO: Georgia Elite Gymnastics

Mail to: Georgia Elite Gymnastics

Attention: Bekah McGee

1010 Lampkin Branch Drive

Watkinsville, Georgia 30677

Phone # 706-769-1786

Fax # 678-317-0882

Email: georgiaelitegymnastics@gmail.com

Deadline: December 30, 2016