

# 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                    |       |     |       |      |  |

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

PLEASE MAKE CHECK PAYABLE TO: Georgia Elite Gymnastics  
 Mail to: Georgia Elite Gymnastics  
 Attention: Bekah McGee  
 1010 Lampkin Branch Driv  
 Watkinsville, Georgia 3067  
 Phone # 706-769-1786  
 Fax # 678-317-0882  
 Email: georgielitegymnastics@gmail.com  
 Deadline: December 29, 2017