

Georgia Elite Classic Gymnast Entry Form

Make copies as needed. Please **ONE** level per form.

GYM NAME:				Club #	
GYM ADDRESS:					
CONTACT NAME:					
CONTACT EMAIL:					

COACHES INFORMATION:						
NAME:	USAG #	AAU#	Expiration	Background	Safety Cert.	U100
1						
2						
3						
4						
5						
6						

GYMNASTS INFORMATION:						
NAME	LEVEL	DOB	USAG#	AAU#		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

# of Gymnast	USA 1-5, Xcel		X \$60 =	\$		
	AAU 1-4, Excel		X \$60 =	\$		
	Team Entry Per Level		X \$50 =	\$		

Total Amount Due: \$

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 28, 2018; Refund Deadline: January 11, 2019