

**AAU Meet Entry Form**  
**1 PAGE PER LEVEL PLEASE**

Club Name:			
Address			City/Zip:
Coach Name:	AAU Number:		
Coach Name:	AAU Number:		
Coach Name:	AAU Number:		
Phone #:	(    )	Cell #:	(    )
Email Address:			

___Level 1	___Level 5	___Platinum	___Level 9	___Ladies Gold	___Ladies 8
___Level 2	___Bronze	___Diamond	___Level 10	___Ladies Platinum	___Ladies 9
___Level 3	___Silver	___Level 7	___Ladies Bronze	___Ladies Diamond	___Ladies 10
___Level 4	___Gold	___Level 8	___Ladies Silver	___Ladies 7	

Gymnast Name	Date of Birth	AAU #	Ability Division	Highest AA Score
		Qualifier Meet	\$49.00/gymnast @ ___ gymnasts = \$_____	
		State Meet	\$70.00/gymnast @ ___ gymnasts = \$_____	
		Team Entry (State)	\$45.00/team @ _____ teams = \$_____	
		Total Enclosed:	\$_____	