



AAU ACROBATIC GYMNASTICS ENTRY FORM **WOMEN GROUP QUAD**



Please Print Clearly OR Fill Word Doc Using Tab Key Only To Blank Blocks

COMPETITION NAME:

DATE (S):

VENUE SITE ADDRESS:

ENTRY FEES	Per Athlete, 1 st Event	\$	Per Athlete Additional Event(s) Max of 3 Events	\$
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ONE CLUB CHECK PAYABLE TO

CLUB NAME:

CLUB ADDRESS:

PHONE#:

CELL#:

EMAIL ADDRESS:

COACH NAME:		AAU#	
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COACH NAME:		AAU#	
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COACH NAME:		AAU#	
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CIRCLE LEVEL: LEVEL 2 LEVEL 3 LEVEL 4 LEVEL 5 LEVEL 6 LEVEL 7 LEVEL 8 LEVEL 9

1. Athlete Name		DOB		AAU#	
2. Athlete Name		DOB		AAU#	
3. Athlete Name		DOB		AAU#	
4. Athlete Name		DOB		AAU#	

CIRCLE LEVEL: LEVEL 2 LEVEL 3 LEVEL 4 LEVEL 5 LEVEL 6 LEVEL 7 LEVEL 8 LEVEL 9

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