

ATLANTIS CROWN

Men's Elite

December 16 - 18, 2011

Team Name _____ Club # _____

Team Address _____

City _____ St _____ Zip _____ Cntry _____

Phone _____ Fax _____ Email _____

Primary Contact (if other than head coach):

Name _____

Email _____ Phone _____

Coaches	USAG#	Safety Cert. Exp. Date

Gymnast Name	USAG Number	M	Level	Date of Birth	US Citizen Y/N	Parent(s) Name(s)
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2)						
3)						
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