

Club:	Club #:	Ph: ()
Address:		Fax: ()
City:	State:	Zip:
Contact:	Email:	

## **COACHES**

	Name	USAG #	Expires	Safety Exp	Background Exp
1					
2					
3					
4					
5					

## **GYMNASTS**

	First Name	Last Name	USAG #	Birthday	Level
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

# Gymnasts	x \$90.00 + # Gymnasts	_ x \$50.00 +	# Teams_	x \$40.00 = \$_	
<b>Send Entries to:</b>	Email: Debby@azdy	namics.com	Fax: (	480)-633-8801	

2450 E. Germann Rd. #17 Chandler, AZ 85286