



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 (2-5 & Xcel) _____ x \$95 + #Gymnasts (6-10) _____ x \$110 + #Teams _____ x \$40.00 = total \$ _____

Send Entries to: Email: Debby@azdynamics.com Fax: (480)-633-8801 2450 E. Germann Rd. #17 Chandler, AZ 85286