

COMPETITION ENTRY FORM

NAME OF MEET: _____ DATE: _____

TEAM NAME: _____ PHONE: _____

TEAM ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____ CLUB: _____



Coach:		Coaches #:		Exp		Safety Background	
Coach:		Coaches #:		Exp		Safety Background	
Coach:		Coaches #:		Exp		Safety Background	

COMPETITOR NAME	ATHLETE REG. #	LEVEL	DOB	U.S CITIZEN?	PETITION PENDING	T-SHIRT SIZE	LEOTARD SIZE
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
13)							
14)							
15)							

Graduating Seniors

Name:	Level: