

# TULIP CITY TEAM CHALLENGE

## Competition Entry Form for March 3-4, 2012

Team Name: \_\_\_\_\_ Club # \_\_\_\_\_

Team Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

COACHES	USAG #	SAFETY CERT. EXPIRATION DATE

GYMNAST NAME	USAG#	LEVEL	AGE	BIRTH DATE
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<b>GYMNAST NAME</b>	<b>USAG#</b>	<b>LEVEL</b>	<b>AGE</b>	<b>BIRTH DATE</b>
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Make copies as needed and return this form along with the Entry Recap Form by January 4, 2012