



# 2010 USA GYMNASTICS JUNIOR OLYMPIC NATIONAL CHAMPIONSHIPS

## Club Entry Form

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

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

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

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

*Please list attending coaches only*

Coach: \_\_\_\_\_ USAG #: \_\_\_\_\_ Cell: \_\_\_\_\_

Coach: \_\_\_\_\_ USAG #: \_\_\_\_\_ Cell: \_\_\_\_\_

Coach: \_\_\_\_\_ USAG #: \_\_\_\_\_ Cell: \_\_\_\_\_

| First Name | Last Name | USAG # | Date of Birth | Age Division |
|------------|-----------|--------|---------------|--------------|
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**Please List Alternates Below – DO NOT INCLUDE ENTRY FEE FOR ALTERNATES**

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**All fees must accompany entry form. Total Athletes: \_\_\_\_\_ x \$100 = \$ \_\_\_\_\_**

Please submit a single company check made payable to Metroplex Gymnastics