

ACROBATIC GYMNASTICS PAIR/GROUP COMPETITION ENTRY FORM



Name of Meet: _____

Team Name (Abbreviation): _____ Club # _____ Date: _____

Team Address: _____

Email: _____ Phone: _____

Head Coach: _____ Head Coach USAG Pro#: _____

Additional Coaches (USAG Pro#): _____

Athlete Names First Name and Last	USAG #	Level 5-10, 12-18, 13-19, or Senior	Event MP, MXP, WP, WG, or MG	Age Group 11 & under 12-13 14-15 16 & up	Date of Birth Full birth date xx/xx/xxxx	U.S. Citizen? YES OR NO	Pending Petition YES OR NO

Additional Pair/Groups Competition Entry Form

Athlete Names First Name and Last	USAG #	Level 5-10, 12-18, 13-19, or Senior	Event MP, MXP, WP, WG, or MG	Age Group 11 & under 12-13 14-15 16 & up	Date of Birth Full birth date xx/xx/xxxx	U.S. Citizen? YES OR NO	Pending Petition YES OR NO