



**JEKYLL ISLAND INVITATIONAL  
GYMNASTICS MEET**  
USA GYMNASTICS  
**AAU**

Gym Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Gym Phone: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Contact Mobile Phone: \_\_\_\_\_  
 Contact Fax Number: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_  
 USAG Club Number: \_\_\_\_\_ *Very Important*

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| Coach 1 Name  |  | AAU # |  | Safety Exp. Date |
| Coach 2 Name  |  | AAU # |  | Safety Exp. Date |
| Coach 3 Name  |  | AAU # |  | Safety Exp. Date |
| Coach 4 Name  |  | AAU # |  | Safety Exp. Date |
| Coach 5 Name  |  | AAU # |  | Safety Exp. Date |
| Coach 6 Name  |  | AAU # |  | Safety Exp. Date |
| Coach 7 Name  |  | AAU # |  | Safety Exp. Date |
| Coach 8 Name  |  | AAU # |  | Safety Exp. Date |
| Coach 9 Name  |  | AAU # |  | Safety Exp. Date |
| Coach 10 Name |  | AAU # |  | Safety Exp. Date |

**Women's Artistic Gymnastics Entry Form**

|    | First Name | Last Name | AAU # | Level | Birthdate |
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