

# AAU ENTRY FORM

DUPLICATE AS NECESSARY

GYM NAME: \_\_\_\_\_ CLUB #: \_\_\_\_\_  
 GYM ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**COACHES INFORMATION:**

NAME:	AAU#	SAFETY CERT. EXP
1		
2		
3		
4		
5		

**GYMNASTS INFORMATION:**

NAME	LEVEL	DOB	AAU#	T-SHIRT SIZE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

# OF GYMNAST	AAU 2-5 _____	X \$55.00	\$ _____
	AAU PREP _____	X \$55.00	\$ _____

TEAM ENTRY/PER LEVEL	_____	X \$50.00	\$ _____
TOTAL AMOUNT DUE:			\$ _____

**PLEASE MAKE CHECK PAYABLE TO GGA PARENTS CLUB AND RETURN TO:  
 KIM SWOPE, 98 PATTERSON ROAD, LAWRENCEVILLE GA. 30044  
 GYM FAX 770-963-3443**