

AGA QUALIFYING MEET REGISTRATION FORM

Host Club Name: _____

Date of Meet: _____

TEAM NAME : _____ GYM PHONE: _____

COACHES: _____ HOME PHONE: _____

ADDRESS: _____ E-MAIL _____

CITY: _____ ST: _____ ZIP : _____

NAME	AGA #	DIVISION Jr./Sr.	ENTRY FEE
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of Gymnasts _____ X \$40.00 = \$ _____

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