

# CEREAL CITY CLASSIC

## FEBRUARY 18 - 20, 2022

**Competition  
ENTRY FORM**

Gym Name \_\_\_\_\_ Club # \_\_\_\_\_

Gym Address \_\_\_\_\_

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

Gym Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Primary Contact \_\_\_\_\_ Phone \_\_\_\_\_

Coach	USAG Number

Gymnast Name	M/F	Level	Date of Birth	USAG Number
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2)				
3)				
4)				
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