



2019 ATLANTIS CROWN

DECEMBER 19 - 22, 2019

Men's and Women's ENTRY CHANGES FORM

Gym Name _____ Club # _____
 Gym Address _____
 City _____ State _____ Zip _____
 Gym Phone _____ Fax _____ Email _____
 Primary Contact (if other than head coach) _____ Phone _____

CHANGE OF LEVEL

Complete the table below for each PREVIOUSLY REGISTERED athlete whose level needs to be updated from your club's original registration.

Changes submitted after November 15, 2019 will be subject to a \$25 per athlete change fee.

Gymnast Name	M/F	Date of Birth	Previously Registered Level	Updated Level
1)				
2)				
3)				
4)				
5)				

ADD ADDITIONAL ATHLETES

Complete the table below for athletes who need to be added to your club's existing registration.

Please note: Registrations are not final until payment has been received in full.

Gymnast Name	M/F	Level	Date of Birth	Reservation Name of Athlete's Room (first and last name)
1)				
2)				
3)				
4)				
5)				

SCRATCH ATHLETES

Complete the table table for each PREVIOUSLY REGISTERED athlete who needs to be scratched.

Refund Deadline: October 21, 2019

Gymnast Name	M/F	Level	Date of Birth	Reason for Scratch
1)				
2)				
3)				