

Trampoline & Tumbling COMPETITION ENTRY FORM

OP BECEIVIBER 16		,						
Gym Name						Club #		
Gym Address								
City	S:			State	teZip			
	Fax				_ Email			
Primary Contact (if other than h	nead coach)					F	Phone	
Coach	Email Address					Reservation Name of Coach's Room		
	+							
Gymnast Name	M/F	Birthdate	Age	Level TR	Level DMT	Level TU	Reservation Name of Athlete's Room (first and last name)	
1)								
2)								
3)	i							
4)								
5)								
6)								
7)								
8)								
9)								
10)								
11)								
12)								
13)								
14)								
15)								
16)								
17)								
18)								
19)								

IMPORTANT: To ensure that you receive the special tax credit on each athlete's and coach's room, on the entry form (above), please list the exact name that the room reservation is held under (first and last name). This discount is only extended to the room the athlete or coach is staying in and will be applied at checkout.

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