## Men's, Women's & T&T ENTRY CHANGES FORM

Gym Name		C	lub #	
Gym Address				
City		State	Zip	
Gym Phone	Fax	Email		
Primary Contact (if other t	han head coach)	Pł	none	

## **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 8, 2024 will be subject to a \$25 per athlete change fee.

	Cymnast Name	M/F	Date of Birth	Previously Registered Level/Event	Updated Level/Event
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.

Cymnast Name	M/F	Level/Event	Date of Birth
1)			
2)			
3)			
4)			
5)			

## **SCRATCH ATHLETES**

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

Refund Deadline: September 30, 2024

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