



2024 ATLANTIS CROWN

DECEMBER 19-22, 2024

Men's and Women's COMPETITION ENTRY FORM

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

Coach	Email Address

Gymnast Name	M/F	Level	Date of Birth
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