



2019 ATLANTIS CROWN

DECEMBER 19 - 22, 2019

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	Reservation Name of Coach's Room

IMPORTANT: To ensure that you receive the special tax credit on each athlete's and coach's room, on this entry form, 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.

Gymnast Name	M/F	Level	Date of Birth	Reservation Name of Athlete's Room (first and last name)
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				
16)				
17)				
18)				
19)				
20)				