

JUDGES BLAST OFF

USAG ATHLETES OFFICIAL ENTRY FORM

TEAM NAME	PHONE:
TEAM ADDRESS:	
CITY:	STATE: ZIP:
COACH(ES) NAMES AND NUMBERS:	
E-MAIL ADDRESS:	
CLUB ID NUMBER	

	COMPETITOR NAME	ATHLETE #	LEVEL	AGE	DATE OF BIRTH
1					
2					
3					
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