



2017-2018 Southern California Gymnastics Official Entry Form

CLUB NAME: _____
 Proscore Name: _____
 (20 Characters max)
 CLUB NUMBER: _____
 CONTACT PERSON: _____

Club Contact Phone: _____

Club Contact Email: _____

Coaches Name:
 Coaches Name:
 Coaches Name
 Coaches Name
 Coaches Name:
 Coaches Name:

Pro Number
 Pro Number
 Pro Number
 Pro Number
 Pro Number
 Pro Number

Mail this form and \$95 per gymnast to:

California State Games
 3260 Rosecrans St.
 San Diego, CA 92110

	Last Name	First Name	DOB	USAG #	Level
1					
2					
3					
4					
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26					
27					
28					

Total Number of Athletes
Fee per Athlete
Total Due

\$95