



# 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
1)			
2)			
3)			
4)			
5)			
6)			
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11)			
12)			
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