ATHLETE ENTRY FORM

COMPETITION INFORMATION

Host Club: **Athletic Arts Academy**

State: New Jersey

TEAM ENTRY INFORMATION

Club Name: _____   **Member Club No.:** _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email:

Coach(s) Attending:		**Background Expiration**	**Safety Expiration**	**Membership Expiration**	**SafeSport Expiration**

Entry Fees Due by Nov. 12 Payble to:

Athletic Arts Academy

P.O. Box 968, Orange NJ 07050

Zelle: coach_iya@athleticartsacademynj.com

Name of Competition: *Hunger Gymnastics Challenge*

Date: 20-Nov-22

Type: Women's Artistic

$85.00

Last Name	First Name	Level	Member #	DOB	Age	Entry Fee

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