

2019 Tulip City Fun Meet

Entry Form

Team Name: _____ Club # _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____
 Primary Contact: _____ Phone: _____

COACHES

GYMNAST NAME	LEVEL	GYMNAST NAME	LEVEL

Complete, save and email this form along with the Entry Recap Form by January 4, 2019.