Magical Classic Official Entry Form

February 17-18, 2017

Club Number: **Club Name:**

Gym Address: City State Zip

Gym Phone: Fax Cell Phone Email

Coaches Name: USAG# Exp Date Safety Bkgrd

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COMPETITOR NAME	ATHLETE NUMBER	LEVEL	BIRTH DATE	CXS	CS	CM	CL	AXS	AS	AM	AL	AXL