

TEAM ENTRY FORM

lead Coach:	Phone #						
ddress:							
mail:							
Coach Name	SO Certified?	USA Gymnastics Member #					
		n's Artistic Gymnastics must be Special Olympic stic Gymnastics must have a USA Gymnastics					



T-SHIRT ORDER FORM

Coaches & competitors will receive a free commemorative t-shirt. Additional t-shirts will be sold by pre-order only.

Name T-Shirt Size								
	YS	YM	YL	AS	AM	AL	AXL	AXXL
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Total Due	/AOF	for a a a la a a lalitica a a latina	· Nia alaawaa	fau aaaalaaa	0
Total Due =	(525.	for each additional t-shir	i. No charde	for coacnes	& combelliors



SPECIAL OLYMPICS RHYTHMIC ENTRY FORM Individual

eam Name:			
Address:			
Email:			
NUVTUMO UNICIED			
RHYTHMIC UNIFIED Athlete	Level	Events - Max. 4 routines	Age
Athlete			
Unified Partner			
Athlete			
Unified Partner			
Adalas		T	
Athlete			
Unified Partner			
Athlete			
Unified Partner			
RHYTHMIC INDIVIDUAL			
Athlete	Level	Events - Max. 4 routines	Age



SPECIAL OLYMPICS RHYTHMIC ENTRY FORM Group

eam Name:			
ddress:			
mail:			
HYTHMIC UNIFIED			
Athlete	Level	Events - Max. 4 routines	Age
Athlete Unified Partner			
Unilled Partner			
Athlete			
Unified Partner			
Offined Fatther			
Athlete			
Unified Partner			
Athlete			
Unified Partner			
			·
HYTHMIC INDIVIDUAL			
Athlete	Level	Events - Max. 4 routines	Age



HUGS RHYTHMIC ENTRY FORM

Individual

Team Name:

_::.				
ail:				
HYTHMIC UNIFIED				
Athlete	Level	Events - Max. 3 routines	Age	USA Gymnastics Member Number
Athlete				
Jnified Partner				
Athlete				
Unified Partner				
	l l			I
Athlete				
Jnified Partner				
Athlete				
Unified Partner				
Jillied Partilei				
HYTHMIC INDIVIDUAL				
Athlete	Level	Events - Max. 3 routines	Age	USA Gymnastics Member Number



HUGS RHYTHMIC ENTRY FORM Group

Team Name:		
Address:		
Email:		
GROUP FLOOR		
Names of Athletes	Age	USA Gymnastics Member Number
GROUP APPARATUS		
Names of Athletes	Age	USA Gymnastics Member Number
		•
DUET/TRIO FLOOR OR APPARATUS		
Names of Athletes	Age	USA Gymnastics Member Number
		•



SPECIAL OLYMPICS WOMEN'S ARTISTIC ENTRY FORM

Feam Name:				
Address:				
Email:				
Special Olympics Program Staff	Member (Signature):			
VOMEN'S UNIFIED				
Athlete	Level	Events	Birthdate	Age
Athlete				
Unified Partner				
Athlete				
Unified Partner				
Athlete				
Unified Partner				
VOMEN'S ARTISTIC				
Athlete	Level	Events	Birthdate	Age



HUGS WOMEN'S ARTISTIC ENTRY FORM

SAPPHIRE, RUBY & EMERALD

Lovel	Evente	HCAC Number	Ago
Levei	Events	USAG Number	Age
		Level Events	



AAU WOMEN'S ARTISTIC ENTRY FORM

TWINKLE STARS, SHINING STARS & SUPER STARS

Team Name:				
Address:				
Email:				
WOMEN'S ARTISTIC Athlete	Level	Events	AAU Number	Age
Aunete	Level	Lvents	AAO Number	Age



HUGS MEN'S ARTISTIC ENTRY FORM

HERO, SUPER HERO

Team Name:				
Address:				
Email:				
MEN'S ARTISTIC Athlete	Level	Events	USAG Number	Age
Aunoto	20001	LVOIRS	OOAG Number	Age



SPECIAL OLYMPICS MEN'S ARTISTIC ENTRY FORM

Team Name:				
Address:				
Email:				
Special Olympics Program Staff	f Member Signature):_			
MEN'S UNIFIED				
Athlete	Level	Events	Birthdate	Age
Athlete				
Unified Partner				
Athlete				
Unified Partner				
Athlete				
Unified Partner				
MEN'S ARTISTIC				
Athlete	Level	Events	Birthdate	Age
		1		1