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| Club |  | | Club # | |  | | Phone# |  | | Fax # |  | |
| Contact |  | | | | | Email |  | | | | | |
| Address |  | City | |  | | | | State |  | | Zip |  |

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| **COACHES’ NAME** | **USAG#/NGA #** | **EXP DATE** | **SAFETY**  **EXP DATE** | **BCKGRD EXP. DATE** | **U100** | **SHIRT**  **SIZE** | **SHORT**  **SIZE** |
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| **FIRST NAME** | | **LAST NAME** | **LEVEL** | **USAG/NGA #** | | | **BIRTH DATE** | | | | **SHORT SIZE** |
| 1. |  |  |  |  | | |  | | | |  |
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| 3. |  |  |  |  | | |  | | | |  |
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| 20. |  |  |  |  | | |  | | | |  |
| Number of Gymnasts – Levels 3-6 | | | | |  | X | | $125.00 | (a) | | $ |
| Number of Level 7-10 | | | | |  | X | | $130.00 | (c) | | $ |
| Number of Teams | | | | |  | X | | $50.00 | | (d) | $ |
| **REGISTRATION AND FULL PAYMENT DUE NOVEMBER 28, 2025** | | | | | | | | | | | |
| **Total Registration Due** | | | | | | | | | (e) | | $ |

Make Checks Payable to: SUN DEVIL GYMANSTICS

Mail Entries to: Sun Devil Gymnastics ⬩ 50 S. Hearthstone Way ⬩ Chandler, AZ 85226

Attention: Paula ⬩ 480.820.3774 ⬩ 480.820.4147 fax ⬩ paula@aspirekidsports.com

Remember to check our website [www.sundevilgymnastics.com](http://www.sundevilgymnastics.com) for updated information