



# LEVEL A & B UNIFIED TEAM MALE ARTISTIC GYMNASTICS ENTRY FORM



**AREA #:** \_\_\_\_\_ **AGENCY:** \_\_\_\_\_

**Certified Coach Registered with SOGA:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

\*\*Circle "A" or "B" to denote Level of Event\*\*

	ATHLETE'S LAST NAME	FIRST NAME	DOB	FLOOR EXERCISE		BALANCE BEAM		VAULTING		UNEVEN BARS		ALL AROUND	
				A	B	A	B	A	B	A	B	A	B
Athlete													
Unified Partner													
Athlete													
Unified Partner													
Athlete													
Unified Partner													
Athlete													
Unified Partner													

- ⇒ Enter ONLY Males on this form.
- ⇒ The Athlete & Unified Partner must perform on the same levels & must perform the same routines.