This form can be opened in Adobe Acrobat as an Interactive PDF. Fill out completely and print 2 copies & mail original

Magical Classic Official Entry Form

February 15-16, 2020 (Saturday & Sunday)

Club Number: **Club Name:**

Gym Address: City State Zip

Gym Phone: Fax Cell Phone Email

Coaches Name: USAG# Exp Date Safety Bkgrd

Coaches Name: USAG# Exp Date Safety Bkgrd

Coaches Name: USAG# Exp Date Safety Bkgrd

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