

Peter Gueorguiev Memorial Classic

Club Name:	Club USAG #:		
Address:	City:	State:	Zip:
Contact Email:	Phone #:		

Coaches	USAG #	Backgroudn Exp.	Safety Cert. Exp.

Gymnast Name	USAG #	Level	Birthdate	
EMAIL THIS FORM TO PETERGCLASSIC@GMAIL.COM				

Please use one form for each level. Duplicate as needed.

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