# Acro for Autism: AAU Artistic Gymnastics

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|---|---|---|
| TEAM NAME: | AAU CLUB NUMBER: | |
| ADDRESS: | | |
| CITY: | STATE: | ZIP: |
| E-MAIL: | | |
| PHONE: | FAX: | |

| Coaches | AAU Number | | |
|---|---|---|---|
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| Athlete's Name | Birthdate | Level | Gender | AAU Number |
|---|---|---|---|---|
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Total Athletes in this Discipline: ____ x $____ = $____

Team Entry: Yes OR No ____ x $____ = $____

**Total for Page:** $____

Make all checks payable to: DGA Tampa
Entry Deadline Date: December 1, 2023

Credit Card Payment Information:

| | |
|---|---|
| Card Number: | |
| Name as it appears on credit card: | |
| Billing Zip Code: | Expiration Date: |
| Signature: | |