



ACRO FOR AUTISM



HUGS GYMNAST ENTRY FORM

CLUB NAME: _____

INDIVIDUAL:

Athlete Name	Level	Events (Max 3)	Date of Birth	USA Gymnastics Member #	Amount Paid \$15 per event

UNIFIED:

Athlete Name	Level	Events (Max 3)	Date of Birth	USA Gymnastics Member #	Amount Paid \$15 per event
Athlete: UP:					
Athlete: UP:					
Athlete: UP:					
Athlete: UP:					

- Indicate Level as Bronze (SO A&B), Silver (SO C&1), Gold (SO 2&3) or Platinum (SO 4)