Clu	ıb Name:	AAU Entry	AAU Entry Form			GOLDEN CIT CLASSIC	
Clu	ıb Phone: ()	Club Fax	: ()			
Clu	ıb Address:	City:	City: Zip:_				
	ıb Email:						

CO	aches Attending: Name	AAU#			**Use one form	AAU#	
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4			8				
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CII	Athlete's Name	AAU #		thdate	Division	Highest AA	
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Total Number of Entries _____ x \$___ = \$___ + Team Fee: \$____ = Total Due: \$_____

CHECK MUST BE INCLUDED WITH ENTRY

Please make all checks payable to Golden City Gymnastics.

Check the meet information sheet for entry and team fee amounts.