

Completed rosters and payment in full must be received to guarantee your teams entry into the 2018 PKI. Entry Deadline is October 1, 2017 or until a Level is filled. This form may be duplicated.

Club #		Na	ame:											
Team Address														
City:				State:						o:				
Gym Phone:				E-Mail:E-Mail:					Cell Phone:					
Team Contact														
Home Phone:									Fax:					
Coaches Name:				Professional #:			Safety Exp:			Back	:			
Coaches Name:				Professio	nal #:	ıl #:Safety Exp:			Background exp:					
Coaches Name:				Professio	nal #:	Safety Exp: Background exp:_					:			
Competitor Name					Athl	ete#	Level (Designate Excel Level)		Date of Birth		Age as of 1/1/18		T-shirt size CS,CM,CL AS,AM,AL	
1.														
2.														
<ul><li>3.</li><li>4.</li><li>5.</li><li>6</li></ul>														
7.														
8.														
9.														
10.														
Level	2	3	4	5	6	Excel	ı [	7	8	9	Open		Total	
# of Gymnasts	_				•			,			Орен			
Team Entry \$50.00														
Total												Aı	<b>Amount Due</b>	
Entry \$50.00												m	n	

Name on Credit Card: Phone number: \_\_\_\_\_ Address of Card Holder including Zip code: **Credit Card Number:** Exp. Date: **Security Code:** 

**Credit Card Information**