

Club Information

Club Name:	<input type="text"/>		
Key Admin. Contact:	<input type="text"/>		
Telephone:	<input type="text"/>	Facsimile:	<input type="text"/>
Mobile:	<input type="text"/>		
Email:	<input type="text"/>		

Total Number of Gymnasts Entered WG:	<input type="text"/>
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Closing Date:	13th September 2010
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Return Entry Form to:	admin@actga.net
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or

Return Entry Form to:	ACT Gymnastics Sports House 100 Maitland Street Hackett ACT 2903
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Club: _____

Athlete Information

Level	Total Number
Snr	
Jnr	
Int 10	
IDP 8	
IDP 6	
IDP 5	
Level 9/10	
Level 8	
Level 7	
Level 6	
Level 5	
Level 4	