Gymnastics Australia

Manual Athlete Registration Form

Club Name:	**Club ID** (if known):	**State:**	**Club Contact Name:**	**Telephone:**	**Email:**

Please order list in alphabetical order (A-Z).

Office Use Only:	**Total Number:**	**Received:**	**Entered:**	**Confirmed:**

Type	**Last Name**	**First Name**	**Birth Date**	**M/F**	**Phone**	**Address**	**Suburb**	**Post Code**	**Athlete History**		
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