STATE
REGISTRATION
Artistic Gymnastics

Special Olympics South Carolina

Summer Games

STATE
REGISTRATION
Artistic Gymnastics

Head of Delegation: **Delegation ID:** **Date:**

Head Coach Name: **Email:** **Address:**
City: **State:** **Zip Code:**
Day Phone: **Evening Phone:**

Assistant Coaches: **Name:** **Name:**

Entry Type	Last Name	First Name	Sex	DOB	Needs	Event	level	points	Shirt Size

Comments: