



**STATE  
REGISTRATION  
Rhythmic Gymnastics**

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REGISTRATION  
Rhythmic Gymnastics**

**Summer Games**

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**Head of Delegation:**

**Delegation ID:**

**Date:**

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**Head Coach Name:  
City:  
Day Phone:**

**Email:  
State:  
Evening Phone:**

**Address:  
Zip Code:**

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**Assistant Coaches:      Name:**

**Name:**

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<b>Entry Type</b>	<b>Last Name</b>	<b>First Name</b>	<b>Sex</b>	<b>DOB</b>	<b>Needs</b>	<b>Event</b>	<b>level</b>	<b>points</b>	<b>Shirt Size</b>

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**Comments:**



***Special  
Olympics***  
*South Carolina*

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