

CORE OLYMPICS		
APPLICANT INFORMATION		
Name:		
Date of birth:	email	Phone:
Current address:		
City:	State:	ZIP Code:
Member/ non member <i>(Please circle)</i>	Current gym:	Employer:
TEAM INFORMATION		
Team name:		
Team Captain:		Entry Fee \$25 members \$30 non members
EMERGENCY CONTACT		
Name:		Phone:
City:	State:	ZIP Code:
FITNESS LEVEL		
Novice		
Beginner		
Expert		
TEAM MEMBERS		
Name	Name	
Name	Name	
SIGNATURES		
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.		
Signature of applicant:		Date:
Parent or Guardian if under 18		Date:

One application per person! Everyone on the team must fill out an application.

Team captain return all applications at once.