

TEAM REGISTRATION FORM

GREAT LAKES ZONES LEVEL 5 – 9 GYMNASTICS CHAMPIONSHIP

APRIL 21 & 22, 2007

ENTRY DEADLINE IS **MARCH 12, 2007** FOR QUALIFIED GYMNASTS

Gymnasts who still need one qualifying score should also be listed. If the gymnast receives the needed score at her districts, the wavier and fees will be due by March 26, 2007

YMCA: _____ NETWORK: _____

TEAM NAME: _____ TEAM COLORS: _____
(List how you would like to be announced & recognized)

E-MAIL ADDRESS: _____ CONTACT PERSON _____

(Print) _____ (Signed) _____
Executive Director or Physical Director Executive Director or Physical Director

Coaches – please put a star* after the name of any graduating senior. We will announce their names.

#	Gymnasts Name Last Name First (please print)	Start with L5 Level	Age Group	Age as of 12/01/06	Birth date	Is Qualified	Needs 1 Score
1.							
2.							
3.							
4.							
5.							
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11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

Names of Coaches who will be coming to meet:	Saturday	Sunday	USAG Safety Certified?
			___ YES ___ NO
			___ YES ___ NO
			___ YES ___ NO
			___ YES ___ NO

RETRUN TEAM REGISTRATION FORM, INDIVIDUAL WAIVER FORMS AND ONE CHECK FOR ENTRY FEES TO:

Powel Crosley, Jr. YMCA Gymnastics Team
 9601 Winton Rd.
 Cincinnati, Ohio 45231
 Attention: Denise Brunck