

OFFICIAL TEAM ENTRY FORM

2017 YMCA National Gymnastics Championships
June 29, 2017 – July 2, 2017
 Hosted by Islands Family YMCA
 Savannah, GA

YMCA Name _____ Phone _____ State _____

LEVEL 4 DIVISION 1 MEN'S OFFICIAL ENTRY FORM

Qualifying Score – 40.00 Required

Name	Age on 6/30/17	Qualifying Score	host √	Name	Age on 6/30/17	Qualifying Score	host √
1.				9.			
2.				10.			
3.				11.			
4.				12.			
5.				13.			
6.				14.			
7.				15.			
8.				16.			

Entry fees enclosed: _____ gymnasts @ \$100.00 each = \$ _____ total.

Check is made payable to: Islands YMCA

We hereby certify that the above athletes are members of the _____ YMCA in good standing for at least 90 days; that they have not competed for another YMCA, USAG, private club, or college during the past four months; that they have represented our YMCA in formal competition during the current season (where opportunity existed); that they are not disqualified for moral reasons; and that they qualify for entry into their appropriate division according to the requirements specified by the National YMCA Gymnastics Advisory Committee. They are eligible, according to the *YMCA-Rules That Govern Competitive Sports*, to represent this association. We further certify that this YMCA Association is in good standing with YMCA of the USA and all registered coaches are current employees of this YMCA Association.

Signature (Coach)

Date

Signature (Executive Director)

Date

YMCA Name

Address

Office Use Only: Qualifying Scores Verified –date _____ initials _____ entry accepted? Yes No*

* State Reason: