THSGCA COMMITMENT FORM

THE GYMNASTS LISTED BELOW, REPRES	SENTING SCHOOL, DO
AGREE TO COMPETE FOR THE ABOVE NA	AMED SCHOOL IN ALL SESSIONS FOR WHICH THEY QUALIFY,
	ON UNDER REGIONAL AND STATE CHAMPIONSHIPS. (RULE I
	gh School District Meet unless he/she will commit to compete also at the
Regional and state meet).	·
(DDINIT NIAME)	(SIGNATURE)
(PRINT NAME)	(SIGNATURE)
PRINT COACHES NAME	SIGNATURE OF COACH
Date	0.01.11.01.01.01.01.1
PRINT PRINCIPAL'S NAME	SIGNATURE OF PRINCIPAL
Date	

SEND THE ORIGINAL TO THE THSGCA SECRETARY AND A COPY TO YOUR REGIONAL TECHNICAL DIRECTOR PRIOR TO YOUR DISTRICT CHAMPIONSHIPS