

NHSGA Senior Showcase Invitational

Gymnasts Official Entry Form

State: _____ Year: _____

This form is to be filled out by the lead coach or state liaison.

There is a \$100 late fee

State Liaison's Name: _____ State: _____

Liaison's E-mail Address: _____ and cell # (_____)

List All Gymnasts Associated with this Team –FILL IN COMPLETELY PLEASE

• Gymnasts Name: _____
Address: _____ City _____ Zip _____
Phone: (____) _____ E-mail: _____ neatly please
School Phone: (____) _____
High School Affiliation: _____
High School Coach: _____ **Must be a member of the NHSGA!**
List events you will compete in: **V UB BB FX AA** **Bring floor music in mp3 format on a CD and iPod**
Shirt Size: _____ **If no size is listed an adult small will be ordered for you.**

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Make more copies if you need more spaces please