|  |  |
| --- | --- |
| Club Name |  |
| Team Name if different from club(this will be used in the programme) |  |
| Title of performance |  |
| Title of music |  |
| Where do the team train? |  |
| How many are in the team? |  |
| Is the team girls/boys/mixed? |  |
| Age ranges in the team |  |
| Does the team have any disability gymnasts? |  |
| Have they performed together before? If yes, where and when |  |
| What sort of gymnastics will be displayed (which disciplines)? |  |
| How long is your performance?(from start to finish of music) |  |
| What is your starting position/when does the music need to start? |  |
| Does your music need to stop anywhere or can it be left to play to the end? |  |
| Is there a particular colour incorporated into your costumes which we can include in the lighting during your performance? |  |
| Do you require any equipment? If yes please list. |  |
| Do you need time before your performance starts to place equipment on the floor? If so, how long will this take? |  |
| Is there any equipment being placed on the floor during your performance?  |  |
| Do you require assistance placing your equipment, either at the start or during your performance? If yes, please provide a diagram of set up. |  |

**Please return all team sheets with a team photograph via email to-** **elizabeth.campbell@british-gymnastics.org** **ASAP/by Monday 6th January 2014**