## Gymnastics for All – Calverton Gym Club Key Steps Competition 2018 Entrance Form



Hosted by Calverton Gymnastics Club

Please complete and return this entry form to jack.duggan@british-gymnastics.org

## Competition details

|  |  |
| --- | --- |
| **Competition venue** | Calverton Gymnastics Club |
| **Time:** | 9:30am | **Date(s):** | 18/11/2018 |
| **Competition organiser:** | Jack Duggan | jack.duggan@british-gymnastics.org  |

## Club details

|  |  |  |
| --- | --- | --- |
| **Club/Team name:** | [Insert name] | [Insert team name if different to club name] |
| **Club contact name and number:** | [Insert contact name]  | [Insert contact number] | [Insert contact email] |
| **Expected/estimated number of spectators:** | [Insert estimate no. of spectators] |

## Judges’ details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Most relevant judging qualification** | **BG no.** | **Contact no.** | **Email address** |
| [Insert name] | [Qualification] | [Insert BG no.] | [Insert no.] | [Insert no.] |
| [Insert name] | [Qualification] | [Insert BG no.] | [Insert no.] | [Insert no.] |

If you can nominate more qualified judges that would be ideal to support the competition.

## Coaches’ details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Gender** | **BG no.** | **Contact no.** | **Emergency contact no.** |
| **Supervising coach**Must be BG Gold, Joint Gold or Life Member. |
| [Insert name] | [Gender] | [Insert BG no.] | [Insert no.] | [Insert no.] |
| **Assisting coaches**Must be BG Silver (if level 1), Gold, Joint Gold or Life Member. |
| [Insert name] | [Gender] | [Insert BG no.] | [Insert no.] | [Insert no.] |
| [Insert name] | [Gender] | [Insert BG no.] | [Insert no.] | [Insert no.] |
| [Insert name] | [Gender] | [Insert BG no.] | [Insert no.] | [Insert no.] |
| **Helpers**Don’t require membership but must be accompanied by a named coach (above) at all times. |
| [Insert name] | [Gender] | [Insert BG no.] | [Insert no.] | [Insert no.] |
| [Insert name] | [Gender] | [Insert BG no.] | [Insert no.] | [Insert no.] |

A minimum of a supervising coach is required per team. BG coaching ratios still apply.

Entry payment details

**Cost per competing gymnast:** £6.00 per gymnast

**Cost per spectator:**

|  |  |  |
| --- | --- | --- |
| **Adult** | **Child (under 16 years)** | **Infant (under 3 years)** |
| £5.00 | £3.00 | £0.00 |

**Note:** Spectator fees to be paid upon entry to competition and there is limited seating. Please speak with the competition organiser if you have a large group of spectators attending.

**Cost for no allocated judge:** £15

|  |
| --- |
| **BACs transfer:** |
| **Name:** | Calverton Gymnastics Club |
| **Account number:** | 63263468 |
| **Sort code:** | 77 – 22 – 09  |
| **Reference:** | Calverton Key Steps [Club name] |

Please ensure the correct amount is paid upon entry. Without payment, entry will not be counted.

## Gymnasts’ details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gymnast name** | **Gender** | **Disability** | **D.O.B.** | **BG no.** | **Level** |
| [Insert name] | Gender | Y / N | [Insert D.O.B.] | [Insert member no.] | Level |
| [Insert name] | Gender | Y / N | [Insert D.O.B.] | [Insert member no.] | Level |
| [Insert name] | Gender | Y / N | [Insert D.O.B.] | [Insert member no.] | Level |
| [Insert name] | Gender | Y / N | [Insert D.O.B.] | [Insert member no.] | Level |
| [Insert name] | Gender | Y / N | [Insert D.O.B.] | [Insert member no.] | Level |
| [Insert name] | Gender | Y / N | [Insert D.O.B.] | [Insert member no.] | Level |
| [Insert name] | Gender | Y / N | [Insert D.O.B.] | [Insert member no.] | Level |
| [Insert name] | Gender | Y / N | [Insert D.O.B.] | [Insert member no.] | Level |
| [Insert name] | Gender | Y / N | [Insert D.O.B.] | [Insert member no.] | Level |
| [Insert name] | Gender | Y / N | [Insert D.O.B.] | [Insert member no.] | Level |
| [Insert name] | Gender | Y / N | [Insert D.O.B.] | [Insert member no.] | Level |
| [Insert name] | Gender | Y / N | [Insert D.O.B.] | [Insert member no.] | Level |
| [Insert name] | Gender | Y / N | [Insert D.O.B.] | [Insert member no.] | Level |
| [Insert name] | Gender | Y / N | [Insert D.O.B.] | [Insert member no.] | Level |
| [Insert name] | Gender | Y / N | [Insert D.O.B.] | [Insert member no.] | Level |
| [Insert name] | Gender | Y / N | [Insert D.O.B.] | [Insert member no.] | Level |
| [Insert name] | Gender | Y / N | [Insert D.O.B.] | [Insert member no.] | Level |
| [Insert name] | Gender | Y / N | [Insert D.O.B.] | [Insert member no.] | Level |
| [Insert name] | Gender | Y / N | [Insert D.O.B.] | [Insert member no.] | Level |
| [Insert name] | Gender | Y / N | [Insert D.O.B.] | [Insert member no.] | Level |

If you wish to enter additional gymnasts please complete another entry form.

Please list entries in order or level and age e.g. Level 1 – Age 5

## Thank you

We are looking forwards to seeing you at our event

## Calverton Gymnastics Club