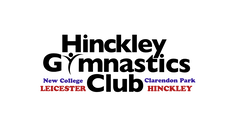
## Gymnastics for All – Hinckley Disability Gymnastics Floor and Vault Competition 2018 Entrance Form



Hosted by Hinckley Gymnastics Club

Please complete and return this entry form to [jack.duggan@british-gymnastics.org](mailto:jack.duggan@british-gymnastics.org)

## Competition details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Competition venue** | Hinckley Gymnastics Club | | | | |
| **Time:** | 9:00am | | **Date(s):** | | 22/09/2018 |
| **Competition organiser:** | Jack Duggan | 07584517635 | | [jack.duggan@british-gymnastics.org](mailto:Jack.duggan@british-gymnastics.org) | |

## Club details

|  |  |  |  |
| --- | --- | --- | --- |
| **Club name:** | [Insert 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 than one qualified judge that would be ideal to support the competition. If you don’t have a judge, please contact the British Gymnastics Competition Coordinator to discuss support options.

## 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** (where appropriate)  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** (where appropriate)  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.] |

**Note:** BG coaching ratios still apply.

Entry payment details

**Cost per competing gymnast:** £5.00 per gymnast

**Cost per spectator:**

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

**Note:** Spectator tickets can be purchased from the club on the day of the event. If you have a large group, please contact the festival organiser to discuss options.

**Cost for no allocated judge:** £15

|  |  |
| --- | --- |
| **BACs transfer:** | |
| **Name:** | Hinckley Olympic Gymnastics Club |
| **Account number:** | 08612242 |
| **Sort code:** | 60 – 11 – 06 |
| **Reference:** | HGC Disability Sept comp [Club name] |

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

## Thank you

We are looking forwards to seeing you at our event

## Hinckley Gymnastics Club

## Gymnasts’ details

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gymnast name** | **Gender** | **Classification** | | | | | | | **D.O.B.** | **BG no.** | **Level** | **Age category** |
| **Visual** | **Physical** | **Hearing** | **Mental** | **Intellectual** | **Learning** | **Detail** |
| [Insert name] | Gender |  |  |  |  |  |  | [Insert brief description] | [Insert D.O.B.] | [Insert member no.] | [Select] | [Select] |
| [Insert name] | Gender |  |  |  |  |  |  | [Insert brief description] | [Insert D.O.B.] | [Insert member no.] | [Select] | [Select] |
| [Insert name] | Gender |  |  |  |  |  |  | [Insert brief description] | [Insert D.O.B.] | [Insert member no.] | [Select] | [Select] |
| [Insert name] | Gender |  |  |  |  |  |  | [Insert brief description] | [Insert D.O.B.] | [Insert member no.] | [Select] | [Select] |
| [Insert name] | Gender |  |  |  |  |  |  | [Insert brief description] | [Insert D.O.B.] | [Insert member no.] | [Select] | [Select] |
| [Insert name] | Gender |  |  |  |  |  |  | [Insert brief description] | [Insert D.O.B.] | [Insert member no.] | [Select] | [Select] |
| [Insert name] | Gender |  |  |  |  |  |  | [Insert brief description] | [Insert D.O.B.] | [Insert member no.] | [Select] | [Select] |
| [Insert name] | Gender |  |  |  |  |  |  | [Insert brief description] | [Insert D.O.B.] | [Insert member no.] | [Select] | [Select] |
| [Insert name] | Gender |  |  |  |  |  |  | [Insert brief description] | [Insert D.O.B.] | [Insert member no.] | [Select] | [Select] |
| [Insert name] | Gender |  |  |  |  |  |  | [Insert brief description] | [Insert D.O.B.] | [Insert member no.] | [Select] | [Select] |

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 then Age 5 – 7yrs