## Gymnastics for All – Spalding Gym Academy GfA Men’s Artistic 2 – 6 Piece Competition Entrance Form



Hosted by Spalding Gymnastics Academy

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

## Competition details

|  |  |
| --- | --- |
| **Competition venue** | Spalding Gymnastics Academy |
| **Estimated start time(s):** | 9:00am and 1:30pm | **Date(s):** | 21st October 2018 |
| **Competition organiser:** | Jack Duggan | 07584517635 | 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.

If no judge is provided a fee of £15 applies to the entry fee per team entry.

## 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 entry:**

|  |  |  |
| --- | --- | --- |
| **Floor and Vault (minimum)** | **Additional apparatus** | **All six apparatus** |
| £6.00 | £3.00 per apparatus | £15.00 (saving £3.00) |

**Cost per spectator:**

|  |  |  |
| --- | --- | --- |
| **Adult** | **Child (under 16 years)** | **Infant (under 5 years)** |
| £4.00 | £0.00 | £0.00 |

**Note:** Spectator fees to be paid upon entry to competition. Seating is limited, please speak with the competition organiser if you have a large group of spectators attending.

**Cost for no allocated judge:** £15.00

If you don’t have a judge, please contact the British Gymnastics Competition Coordinator to discuss support options.

|  |
| --- |
| **BACs transfer:** |
| **Name:** | Spalding Gymnastic Academy |
| **Account number:** | 55 – 50 – 56 |
| **Sort code:** | 62120549 |
| **Reference:** | Spalding GfA MA [club name] |

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

## Gymnasts’ details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Gymnast name** | **D.O.B.** | **Disability** | **BG no.** | **Category** | **Are they competing? (Tick if competing)** |
| **Pommel** | **Rings** | **Parallel bars** | **High bar** |
| 1 | [Insert full name] | [Insert D.O.B.] | Y / N | [BG no.] | [Select] | [ ]  | [ ]  | [ ]  | [ ]  |
| 2 | [Insert full name] | [Insert D.O.B.] | Y / N | [BG no.] | [Select] | [ ]  | [ ]  | [ ]  | [ ]  |
| 3 | [Insert full name] | [Insert D.O.B.] | Y / N | [BG no.] | [Select] | [ ]  | [ ]  | [ ]  | [ ]  |
| 4 | [Insert full name] | [Insert D.O.B.] | Y / N | [BG no.] | [Select] | [ ]  | [ ]  | [ ]  | [ ]  |
| 5 | [Insert full name] | [Insert D.O.B.] | Y / N | [BG no.] | [Select] | [ ]  | [ ]  | [ ]  | [ ]  |
| 6 | [Insert full name] | [Insert D.O.B.] | Y / N | [BG no.] | [Select] | [ ]  | [ ]  | [ ]  | [ ]  |
| 7 | [Insert full name] | [Insert D.O.B.] | Y / N | [BG no.] | [Select] | [ ]  | [ ]  | [ ]  | [ ]  |
| 8 | [Insert full name] | [Insert D.O.B.] | Y / N | [BG no.] | [Select] | [ ]  | [ ]  | [ ]  | [ ]  |
| 9 | [Insert full name] | [Insert D.O.B.] | Y / N | [BG no.] | [Select] | [ ]  | [ ]  | [ ]  | [ ]  |
| 10 | [Insert full name] | [Insert D.O.B.] | Y / N | [BG no.] | [Select] | [ ]  | [ ]  | [ ]  | [ ]  |
| 11 | [Insert full name] | [Insert D.O.B.] | Y / N | [BG no.] | [Select] | [ ]  | [ ]  | [ ]  | [ ]  |
| 12 | [Insert full name] | [Insert D.O.B.] | Y / N | [BG no.] | [Select] | [ ]  | [ ]  | [ ]  | [ ]  |
| 13 | [Insert full name] | [Insert D.O.B.] | Y / N | [BG no.] | [Select] | [ ]  | [ ]  | [ ]  | [ ]  |
| 14 | [Insert full name] | [Insert D.O.B.] | Y / N | [BG no.] | [Select] | [ ]  | [ ]  | [ ]  | [ ]  |
| 15 | [Insert full name] | [Insert D.O.B.] | Y / N | [BG no.] | [Select] | [ ]  | [ ]  | [ ]  | [ ]  |
| 16 | [Insert full name] | [Insert D.O.B.] | Y / N | [BG no.] | [Select] | [ ]  | [ ]  | [ ]  | [ ]  |
| 17 | [Insert full name] | [Insert D.O.B.] | Y / N | [BG no.] | [Select] | [ ]  | [ ]  | [ ]  | [ ]  |
| 18 | [Insert full name] | [Insert D.O.B.] | Y / N | [BG no.] | [Select] | [ ]  | [ ]  | [ ]  | [ ]  |
| 19 | [Insert full name] | [Insert D.O.B.] | Y / N | [BG no.] | [Select] | [ ]  | [ ]  | [ ]  | [ ]  |
| 20 | [Insert full name] | [Insert D.O.B.] | Y / N | [BG no.] | [Select] | [ ]  | [ ]  | [ ]  | [ ]  |
| 21 | [Insert full name] | [Insert D.O.B.] | Y / N | [BG no.] | [Select] | [ ]  | [ ]  | [ ]  | [ ]  |
| 22 | [Insert full name] | [Insert D.O.B.] | Y / N | [BG no.] | [Select] | [ ]  | [ ]  | [ ]  | [ ]  |
| 23 | [Insert full name] | [Insert D.O.B.] | Y / N | [BG no.] | [Select] | [ ]  | [ ]  | [ ]  | [ ]  |
| 24 | [Insert full name] | [Insert D.O.B.] | Y / N | [BG no.] | [Select] | [ ]  | [ ]  | [ ]  | [ ]  |
| 25 | [Insert full name] | [Insert D.O.B.] | Y / N | [BG no.] | [Select] | [ ]  | [ ]  | [ ]  | [ ]  |

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

## Thank you

We are looking forwards to seeing you at our event

## Spalding Gymnastics Academy