## Littleport Gymnastics Club Levels 1 – 4 Floor and Vault competition

## Competition Entrance Form



Hosted by Littleport Gymnastics Club

Please complete and return this entry form to karen.colman@british-gymnastics.org

## Competition details

|  |  |
| --- | --- |
| **Venue** | The Hive Leisure Centre, Downham Rd, Ely CB6 2FE |
| **Time:** | 9am | **Date(s):** | 05/07/2020 |
| **Competition organiser:** | Karen Colman | 07584515030 | karen.colman@british-gymnastics.org |

## Club details

|  |  |
| --- | --- |
| **Club name:** | [Insert 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.** | **Emergency contact no.** |
| [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** | **Most relevant ‘coach’ qualification** | **BG no.** | **Contact no.** | **Emergency contact no.** |
| **Supervising coach** |
| [Insert name] | [Qualification] | [Insert BG no.] | [Insert no.] | [Insert no.] |
| **Assisting coaches** (where appropriate) |
| [Insert name] | [Qualification] | [Insert BG no.] | [Insert no.] | [Insert no.] |
| [Insert name] | [Qualification] | [Insert BG no.] | [Insert no.] | [Insert no.] |
| [Insert name] | [Qualification] | [Insert BG no.] | [Insert no.] | [Insert no.] |
| **Volunteer** (where appropriate) |
| [Insert name] | [Qualification] | [Insert BG no.] | [Insert no.] | [Insert no.] |
| [Insert name] | [Qualification] | [Insert BG no.] | [Insert no.] | [Insert no.] |

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

## Display’ details

|  |  |  |
| --- | --- | --- |
| **Team/Individual name** | **Display type** | **Number of gymnasts** |
| **Male** | **Female** |
| [Insert name] | [Insert brief description] | [Insert no.] | [Insert no.] |
| [Insert name] | [Insert brief description] | [Insert no.] | [Insert no.] |

## Volunteers’ details

This is to support the running of the event.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role interested in** | **Contact no.** | **Emergency contact no.** |
| [Insert name] | [Role] | [Insert no.] | [Insert no.] |
| [Insert name] | [Role] | [Insert no.] | [Insert no.] |

## Gymnasts’ details

Please list entries in order or level and age e.g. Under 8 – Age 5

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

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

Additional needs request

|  |  |
| --- | --- |
| **Name(s):** | [Insert name(s) of those requiring additional needs] |
| **Additional need request:** | [Insert your additional need request here] |

Additional needs requests will be considered on an individual basis by the Competition Organiser(s), who will respond to your request within 10 working days of receipt of request.

None photo/video consent

Please state any gymnasts that don’t have consent for photo/video to be taken (see handbook for further details).

|  |  |
| --- | --- |
| **Name(s):** | [Insert name(s)] |