## GfA –Floor and Vault Levels 1 to 4 Competition hosted by Portsmouth Gymnastics Club Entrance Form

**Please complete and return this entry form to polly.hucker@british-gymnastics.org**

## Competition details

|  |  |
| --- | --- |
| **Venue** | Portsmouth Gymnastics Centre |
| **Time:** | 9.00am | **Date(s):** | 19th May 2019 |
| **Competition organiser:** | Polly.hucker@british-gymnastics.org | 07584515030 | Polly.hucker@britis-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.** | **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** | **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:** £10.00 **this is paid via GymNe**t

**Cost per spectator:**

|  |  |  |
| --- | --- | --- |
| **Adult** | **Child (under 16 years)** | **Infant (under 5 years)** |
| £3.00 | £1.00 | £0.00 |

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

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

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

## Entry form

## Gymnasts’ details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |
| [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.

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

## Thank you

We are looking forwards to seeing you at our event