## GfA –Floor and Vault Levels 1 to 4 Competition High Springers OPEN Entrance Form

Hosted by High Springers Trampoline and Gymnastics Club

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

## Competition details

|  |  |
| --- | --- |
| **Venue** | Aldenham Sports Centre – Elstree, Herts. |
| **Time:** | 1.00pm | **Date(s):** | 10th November 2019 |
| **Competition organiser:** | Karen Colman | 07584515030 | Karen.colman@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.** | **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:** £17.00

**Cost per spectator:**

|  |  |  |
| --- | --- | --- |
| **Adult** | **Child (under 16 years)** | **Infant (under 5 years)** |
| £n/a | £n/a | £n/a |

**Note:** Spectator fee is included within the gymnast entry fee. MAXIMUM FAMILY OF 4

**Cost for no allocated judge:** £15 per club

|  |
| --- |
| **BACs transfer:** |
| **Name:** | High Springers LLP |
| **Account number:** | 29339460 |
| **Sort code:** | 30-96-26 |
| **Reference:** | Competition name and 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.** | **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