## Fall Qualifier Meet Entry Form

## Athletes and Parents:

This form is for Clubs / Coaches only. Please contact your Team Florida Gymnastics affiliated Club Contact if you'd like participate at one of our events.

You can find a list of affiliated Team Florida Gymnastics clubs at:
www.teamfloridagymnastics.com/clubs

## Instructions for Club Contacts and Coaches

Fill out the form on page two of this document. Each Team / Level must have their own form. Use the drop-down menu and text boxes to enter your information.

Send the completed form(s) to the Meet Director. The email address for each meet's director can be found at:

AAU Team Florida
2023 FALL Qualifier Entry Form
1 Page Per Level

| Club Name |  |  |  |
| :--- | :--- | :--- | :---: |
| Address |  | City/Zip |  |
| Coaches Name |  | AAU Number |  |
| Coaches Name |  | AAU Number |  |
| Phone Number |  | Cell Number |  |
| Email Address |  |  |  |

Email your entry to your division Meet Director - CALL with credit card payment.
Please use the drop down to select your teams level:

| First Name | Last Name | Date of Birth | AAU \# | Highest AA | Ability Division |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1. |  |  |  |  | Choose One |
| 2. |  |  |  |  | Choose One |
| 3. |  |  |  |  | Choose One |
| 4. |  |  |  |  | Choose One |
| 5. |  |  |  |  | Choose One |
| 6. |  |  |  |  | Choose One |
| 7. |  |  |  |  | Choose One |
| 8. |  |  |  |  | Choose One |
| 9. |  |  |  |  | Choose One |
| 10. |  |  |  |  | Choose One |
| 11. |  |  |  |  | Choose One |
| 12. |  |  |  |  | Choose One |
| 13. |  |  |  |  | Choose One |
| 14. |  |  |  |  | Choose One |
| 15. |  |  |  |  | Choose One |
| 16. |  |  |  |  | Choose One |
| 17. |  |  |  |  | Choose One |
| 18. |  |  |  |  | Choose One |
| 19. |  |  |  |  | Choose One |
| 20. |  |  |  |  | Choose One |
| 21. |  |  |  |  | Choose One |
| 22. |  |  |  |  | Choose One |
| 23. |  |  |  |  | Choose One |
| 24. |  |  |  |  | Choose One |
| 25. |  |  |  |  | Choose One |
|  |  | Qualifier Entry Fee: \$54.00 per Gymnast |  |  |  |
|  |  | Total Number o | ose One | ymnasts: |  |
|  |  | Total Fee fo | ose One | ymnasts: |  |

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## AAU Team Florida 2023 <br> Fall Meet Entry Tally Sheet

Team Name: $\qquad$ Club ID \#: $\qquad$

Mailing Address: $\qquad$
City: $\qquad$ State: $\qquad$ Zip: $\qquad$ Gym Phone: $\qquad$
Email Address: $\qquad$
Additional Email Address: $\qquad$
List of Coaches attending along with AAU Number

|  |  |
| :--- | :--- |
|  |  |
|  |  |
|  |  |


| Level | \# of Athletes | Total Fees Due <br> \$54.00 per athlete |
| :---: | :---: | :---: |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |
| XB |  |  |
| XS |  |  |
| XG |  |  |
| XP |  |  |
| XD |  |  |
| Ladies |  |  |


[^0]:    ** If you have more athletes than slots provided for one level, please save and create a separate page for your remaining athletes. Please title your documents as shown (EX: Tampa Gymnastics Level 1 - Page 1) **

