



# Team Florida Gymnastics

## Spring 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](http://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:

[www.teamfloridagymnastics.com/meets](http://www.teamfloridagymnastics.com/meets)

**Hint, this PDF document is best filled out in a  
Web Browser, Preview, or Adobe Acrobat**



## AAU Team Florida 2024 SPRING 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			

Please use the drop down to select  
your teams level:

**Email meet entry to division Meet Director - CALL credit card payment**

First Name	Last Name	Date of Birth	AAU #	Highest AA	Ability Division
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
		<b>Qualifier Entry Fee: \$65.00 per Gymnast</b>			
		Total Number of	Gymnasts:		
		Total Fee for	Gymnasts:		

\*\* 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) \*\*



# AAU Team Florida 2024 Spring Meet Entry Tally Sheet

Team Name: \_\_\_\_\_ Club ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Gym Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Additional Email Address: \_\_\_\_\_

List of Coaches attending along with AAU Number


Level	# of Athletes	Total Fees Due <i>\$65.00 per athlete</i>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
XB		
XS		
XG		
XP		
XD		
Ladies		

**Total Amount Due:** \_\_\_\_\_