



Team Florida Gymnastics

Spring State 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:

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 State Meet 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 entry to Meet Director - CALL with credit card payment

| First Name | Last Name | Date of Birth | AAU # | Highest AA | Ability Division |
|------------|-----------|---------------|-------|------------|------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
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| 7. | | | | | |
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| 20. | | | | | |
| 21. | | | | | |
| 22. | | | | | |
| 23. | | | | | |
| 24. | | | | | |
| 25. | | | | | |

Qualifier Entry Fee: \$85.00 per Gymnast

Total Number of Gymnasts:

Team Entry Fee: \$50.00 per Level

Will you enter as a team: YES NO

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 State Meet 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>\$85.00 per athlete</i> | Team Entry <i>Yes or No - \$50.00 per level</i> | |
|--------|---------------|--|--|----|
| 1 | | | Yes | No |
| 2 | | | Yes | No |
| 3 | | | Yes | No |
| 4 | | | Yes | No |
| 5 | | | Yes | No |
| 6 | | | Yes | No |
| 7 | | | Yes | No |
| 8 | | | Yes | No |
| 9 | | | Yes | No |
| 10 | | | Yes | No |
| XB | | | Yes | No |
| XS | | | Yes | No |
| XG | | | Yes | No |
| XP | | | Yes | No |
| XD | | | Yes | No |
| Ladies | | | Yes | No |

Total Gymnast Fee: _____ Total Team Entry Fee: _____

Total Amount Due: _____

Email Tally Sheet & Entry form (s) to: Patricia.Gross@tampagov.net. Meet Payment: Credit Card Payment: Call Mary Campanello 813.892.9177 or Venmo Payment: www.venmo.com -candosports.org. Check Payment: payable to: Can Do, Mailed to Patricia Gross c/o New Tampa Recreation Center, 17302 Commerce Park Blvd, Tampa FL 33647. Entry will not be accepted until payment has been made in full.