

2015 STATE INDOOR SPORTS TOURNAMENT

GYMNASTICS ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Cell Phone: _____

RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS BY DEADLINE DATE!

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	W/C [X]	EVENT CODE			*HOUSING
1.			<input type="checkbox"/>				<input type="checkbox"/>
2.			<input type="checkbox"/>				<input type="checkbox"/>
3.			<input type="checkbox"/>				<input type="checkbox"/>
4.			<input type="checkbox"/>				<input type="checkbox"/>
5.			<input type="checkbox"/>				<input type="checkbox"/>
6.			<input type="checkbox"/>				<input type="checkbox"/>
7.			<input type="checkbox"/>				<input type="checkbox"/>
8.			<input type="checkbox"/>				<input type="checkbox"/>
9.			<input type="checkbox"/>				<input type="checkbox"/>
10.			<input type="checkbox"/>				<input type="checkbox"/>

***See information on Event Description Page**

*****You must list every event code for each athlete*****

(OVER)

2015 STATE GYMNASTICS ATHLETE ROSTER

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	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	W/C [X]	EVENT CODE			*HOUSING
11.			<input type="checkbox"/>				<input type="checkbox"/>
12.			<input type="checkbox"/>				<input type="checkbox"/>
13.			<input type="checkbox"/>				<input type="checkbox"/>
14.			<input type="checkbox"/>				<input type="checkbox"/>
15.			<input type="checkbox"/>				<input type="checkbox"/>
16.			<input type="checkbox"/>				<input type="checkbox"/>
17.			<input type="checkbox"/>				<input type="checkbox"/>
18.			<input type="checkbox"/>				<input type="checkbox"/>
19.			<input type="checkbox"/>				<input type="checkbox"/>
20.			<input type="checkbox"/>				<input type="checkbox"/>

*** See information on Event Description Page**

*****You must list every event code for each athlete*****

Athletes must be listed in alphabetical order by last name.

Athletes can only participate in one of the three event categories.