

**STATE PRELIMINARY MEET 2017  
TEAM ROSTER**

**Please list the varsity team members competing.** Only gymnasts that are competing and the two (2) substitutes will be admitted at the pass gate and will be permitted to sit in the team's section. **Certified trainers will be on site.**

**Return the team roster signed by the principal and the coaches with your entry form.** Type first and last names on the roster.

<b>LAST, FIRST</b>	<b>YR</b>	<b>LAST, FIRST</b>	<b>YR</b>
_____		_____	
_____		_____	
_____		_____	
_____		_____	

**Substitutes: Teams Only**

\_\_\_\_\_  
\_\_\_\_\_

**SCHOOL NAME:** \_\_\_\_\_

**COACH'S SIGNATURE**

**Email Address** \_\_\_\_\_

**Coach's Cell #** \_\_\_\_\_

**SCHOOL FAX #** \_\_\_\_\_

**Community Coach** \_\_\_\_\_

**Community Coach** \_\_\_\_\_

**I verify that all gymnasts listed on the roster have met the GHSA three (3) meet rule during the regular season and have met the minimum score.**

**Coach** \_\_\_\_\_

**PRINCIPAL'S SIGNATURE** \_\_\_\_\_