

**STATE PRELIMINARY MEET 2018
TEAM ROSTER
DUE APRIL 11**

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.

LAST, FIRST	YR	LAST, FIRST	YR
_____		_____	
_____		_____	
_____		_____	
_____		_____	

Substitutes: Teams Only

SCHOOL NAME: _____

Email Address _____

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 _____

COACH'S SIGNATURE

Coach's Cell # _____