

NHSGA Senior Showcase Invitational

Gymnasts Official Entry Form

State: _____ Year: _____

This form is to be filled out by the lead coach or state liaison.

There is a \$100 late fee

State: _____

State Liaison's Name: _____

E-mail Address: _____

List All Gymnasts Associated with this Team

• Gymnasts Name: _____

Address: _____ City _____ Zip _____

Phone: (____) _____ E-mail: _____ neatly please

School Phone: (____) _____

High School Affiliation: _____

High School Coach: _____ **Must be a member of the NHSGA!**

Shirt Size: _____ **If no size is listed an adult small will be ordered for you.**

• Gymnasts Name: _____

Address: _____ City _____ Zip _____

Phone: (____) _____ E-mail: _____ neatly please

School Phone: (____) _____

High School Affiliation: _____

High School Coach: _____ **Must be a member of the NHSGA!**

Shirt Size: _____ **If no size is listed an adult small will be ordered for you.**

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Address: _____ City _____ Zip _____

Phone: (____) _____ E-mail: _____ neatly please

School Phone: (____) _____

High School Affiliation: _____

High School Coach: _____ **Must be a member of the NHSGA!**

Shirt Size: _____ **If no size is listed an adult small will be ordered for you.**

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Address: _____ City _____ Zip _____
Phone: (____) _____ E-mail: _____ neatly please
School Phone: (____) _____
High School Affiliation: _____
High School Coach: _____ **Must be a member of the NHSGA!**
Shirt Size: _____ **If no size is listed an adult small will be ordered for you.**

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Phone: (____) _____ E-mail: _____ neatly please
School Phone: (____) _____
High School Affiliation: _____
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