

2012 STATE INDOOR SPORTS TOURNAMENT GYMNASTICS ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

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

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

(OVER)

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

Athletes must be listed in alphabetical order by last name.
 Indicate all athletes in wheelchairs by placing an [X] next to their name.
 Athletes can only participate in one of the three event categories.