

Name of Club	_____	CLUB CODE	<input type="text"/>
Region	_____	BAGA Number	_____
Name of Coach	_____	Name of Secretary	_____
Address	_____	Address	_____
	_____		_____
Post Code	_____	Post Code	_____
E-mail	_____	E-mail	_____
Tel No.	_____	Tel No.	_____

Note :- Please state (N)ew if a competitor was not registered as a competitor Last year

	First Name	Surname	D.O.B.	M / F	Grade	House No	Post Code	Ne w
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Note :-The Competitors Date of Birth **MUST** be included on the Registration form otherwise they will NOT be registered and NOT be eligible to compete.

Signed Coach / Secretary _____

Date _____

Return this form to :-

Arthur Hockenhull, 16 Redfern Avenue, Sale, Cheshire, M33 2TJ, Tel 0161 969 9042

E-mail Address: HOCKENHULLA@aol.com

Registration forms must be postmarked 21 days prior to the first competition in which those listed wish to compete otherwise participation will not be permitted. **You need only register competitors once per season.**

Clubs should get Proof of Posting, free from the Post Office, for all registration correspondence.

No queries about late/non arrival of registrations will be considered without proof of posting.

There is **NO FEE** required to register to Compete but all registered competitors **must have paid at least associate membership fee to British Gymnastics.**

Competitors who have **NOT** paid the appropriate membership fee to British Gymnastics are not eligible to compete in any competition. ***Please indicate if competitors are a member of another Gymnastics Club. (Please state Club)***

Competitors who are found to be ineligible will be disqualified and any qualifying scores will be cancelled.