



Non-Sanctioned Meet Entry Form

Name of Meet: _____ Date: _____

Team Name: _____ Phone: _____

Team Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Coach(s) Name: _____

Gymnast Name	Level	Age	Date of Birth	T-Shirt Size (for State Meet Only)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

of Female Gymnasts _____ x \$29 each (\$39 for State Meet) = _____

of All-around Male Gymnasts _____ x \$37 each (\$47 for State Meet) = _____

of Individual Events by Male Gymnasts _____ x \$7 per event = _____

Late Entry Fees _____ x \$15 per gymnast = _____

of Team Entries _____ x \$50 each = _____

Over All Team Entry (Y/N) _____ @ \$60 = _____

Total All Lines = _____

Checks payable to A Plus Gymnastics Center
9625 E 150th St Suite 104
Noblesville IN 46060

Questions?? Call 317-773-7266
or email customerservice@aplusgymnastics.com