

State Individual Entry Form Hosted by: HSGC

School Name: _____

Coaches Name: _____

Coaches e-mail: _____

Check off the event(s) that your gymnast(s) qualified on or if they are an all around qualifier please check off the all around box only.

GYMNAST	VAULT	BARS	BEAM	FLOOR	ALL AROUND

Cost: \$15.00 per athlete, per event \$60.00 per all around competitor

Total # of Individual event routines: _____ x \$15.00= _____

Total # of AA competitors: _____ x \$60.00= _____

Total Amount Due: _____ Checks payable to: HSGC or attach a photocopy of your PO **Mail to: Heather Fusco HSGC Treasurer**
30 Hampshire Circle Methuen MA 01844

