

Complete this form and email it to the Meet Director (see below for more information)

**CCS GYMNASTICS OFFICIAL
ENTRY FORM**

(required for all entrants)

California Interscholastic Federation
Central Coast Section

Governance of H.S. Athletic Programs
from San Francisco to King City

SCHOOL: _____ **LEAGUE:** _____

1. REQUIRED INFORMATION*

*COACH _____
(please print first and last name)

*Home Phone# (_____) _____ *Work Phone# (_____) _____

Cell Phone # (_____) _____ E-MAIL: _____

Best Hour(s) to call: Work _____ am pm Home _____ am pm

2. COACH'S STATEMENT (*signature required)

By my typed signature below, I attest that the information provided on this form about our school team is accurate to the best of my knowledge. I further understand that if it is discovered that anyone associated with our school knowingly provided false information herein, serious and negative consequences will affect our school's athletic program and our participation in the CCS Play-offs, per CIF and CCS Fraud Bylaws.

*Head Coach Signature _____ Date _____

I understand the terms above and verify that my name is accurate: _____ must click "yes" before proceeding

TEAM SCORE (top **four** in each event): _____

<u>Name of Gymnast</u> (first, last)	<u>Yr. in School</u>	<u>Vault</u>	<u>Bars</u>	<u>Beam</u>	<u>FX</u>	<u>AA</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

DUE TO CCS MEET DIRECTOR NO LATER THAN 9:00 am THREE (3) DAYS PRIOR TO THE CCS CHAMPIONSHIP

Meet Director information will be posted in the Participant Information Bulletin on the [Gymnastics page](#) three weeks prior to the competition.