

Great Lakes Zone Gymnastics Committee
Non resident YMCA Application
for participation in Zone Meet

YMCA name _____

Address _____

City _____ State _____ Zip _____

Phone _____ fax # _____

Contact person _____

Address _____

City _____ State _____ Zip _____

Phone _____ fax # _____

We would like to participate in the Great Lakes Zone Gymnastics Championship Meet and present the following information to support our request. (Check if answer is yes)

_____ We are a member association in good standing with the YMCA of the USA

_____ We agree to follow the bylaws, rules and policies, and appendix information of the Zone Constitution

Executive Director's signature _____ date _____

Physical Program Director's signature _____ date _____

Coach's signature _____ date _____

1. Mail this application to the Great Lakes Zone YMCA Gymnastics Committee Chairperson
2. This application must be received prior to January 1st of the competitive season
3. Application will be reviewed and voted on by the Zone Committee on an individual YMCA basis
4. Approval will be given for a one year period
5. YMCA's must reapply yearly.