Great Lake Gymnastic Zone
Team Registration Form

Season_____ Association _____ Level_____

Coach_____ Physical Director_____

Address_____ Phone _____

I certify the following gymnasts to be eligible to represent our Association in the Great Lakes Zone:

(Printed)_____ **(Signed)_____
Executive Director (**See note Below) Executive Director

Last Name	First Name	age group	✓ grad. sr.	Birthdate	age as of 12/1/	memb. exp. date

Please do a separate sheet for each level Type or print neatly

List gymnasts by age group - cadets, preps, juniors, seniors

** Signature is not required for electronic submission of this form; however a signed form MUST be on file at your YMCA