

**STATE QUALIFYING MEET 2010  
TEAM ROSTER**

**Please list the varsity team members competing and managers below.** Only gymnasts that are competing and two (2) managers or one manager and a trainer will be admitted at the pass gate and will be permitted to sit in the team's section.  
**Return the team roster signed by the principal and the coach with your entry form. Type first and last names on the roster.**

| LAST, FIRST | YR | LAST, FIRST | YR |
|-------------|----|-------------|----|
| _____       |    | _____       |    |
| _____       |    | _____       |    |
| _____       |    | _____       |    |
| _____       |    | _____       |    |
| _____       |    | _____       |    |
| _____       |    | _____       |    |
| _____       |    | _____       |    |
| _____       |    | _____       |    |

MANAGER \_\_\_\_\_ Trainer \_\_\_\_\_

MANAGER \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ \_\_\_\_\_  
COACH'S SIGNATURE

Email Address \_\_\_\_\_

SCHOOL FAX# \_\_\_\_\_

PRINCIPAL'S SIGNATURE \_\_\_\_\_