



TEAM ROSTER/ELIGIBILITY FORM

(To be submitted at the Practice Area upon check-in at Nationals - do not mail to ACA)

Gym/School _____ Team Name _____

Divison _____ Number of Participants on this team _____

Please PRINT below the first and last name of each participant competing, along with their **age as of August 31, 2011**. This will also confirm the final number of participants on a team. This roster must be submitted during check-in at the practice area one hour prior to your first performance. This information must be confirmed, authorized and approved by the gym owner or school coach in order for your team to complete.

	NAME	AGE	Are you a USASF Member?	USASF Membership Number
1.	_____	_____	Yes _____ No _____	_____
2.	_____	_____	Yes _____ No _____	_____
3.	_____	_____	Yes _____ No _____	_____
4.	_____	_____	Yes _____ No _____	_____
5.	_____	_____	Yes _____ No _____	_____
6.	_____	_____	Yes _____ No _____	_____
7.	_____	_____	Yes _____ No _____	_____
8.	_____	_____	Yes _____ No _____	_____
9.	_____	_____	Yes _____ No _____	_____
10.	_____	_____	Yes _____ No _____	_____
11.	_____	_____	Yes _____ No _____	_____
12.	_____	_____	Yes _____ No _____	_____
13.	_____	_____	Yes _____ No _____	_____
14.	_____	_____	Yes _____ No _____	_____
15.	_____	_____	Yes _____ No _____	_____
16.	_____	_____	Yes _____ No _____	_____
17.	_____	_____	Yes _____ No _____	_____
18.	_____	_____	Yes _____ No _____	_____

	NAME	AGE	Are you a USASF Member?	USASF Membership Number
19.	_____	_____	Yes _____ No _____	_____
20.	_____	_____	Yes _____ No _____	_____
21.	_____	_____	Yes _____ No _____	_____
22.	_____	_____	Yes _____ No _____	_____
23.	_____	_____	Yes _____ No _____	_____
24.	_____	_____	Yes _____ No _____	_____
25.	_____	_____	Yes _____ No _____	_____
26.	_____	_____	Yes _____ No _____	_____
27.	_____	_____	Yes _____ No _____	_____
28.	_____	_____	Yes _____ No _____	_____
29.	_____	_____	Yes _____ No _____	_____
30.	_____	_____	Yes _____ No _____	_____
31.	_____	_____	Yes _____ No _____	_____
32.	_____	_____	Yes _____ No _____	_____
33.	_____	_____	Yes _____ No _____	_____
34.	_____	_____	Yes _____ No _____	_____
35.	_____	_____	Yes _____ No _____	_____
36.	_____	_____	Yes _____ No _____	_____

I certify that all the listed participants for this team are current active members/students of _____ gym/school and meet the eligibility requirements of the specified division to be a member of the team participating. I also certify the number of participants performing on this team and that a registration fee has been paid for each participant.

MUST BE SIGNED BY GYM OWNER/SCHOOL COACH:

Signed by _____

Date _____

Print Name _____

Daytime Phone _____

Title _____

Email _____

