



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	NAME	AGE
1. _____	_____	19. _____	_____
2. _____	_____	20. _____	_____
3. _____	_____	21. _____	_____
4. _____	_____	22. _____	_____
5. _____	_____	23. _____	_____
6. _____	_____	24. _____	_____
7. _____	_____	25. _____	_____
8. _____	_____	26. _____	_____
9. _____	_____	27. _____	_____
10. _____	_____	28. _____	_____
11. _____	_____	29. _____	_____
12. _____	_____	30. _____	_____
13. _____	_____	31. _____	_____
14. _____	_____	32. _____	_____
15. _____	_____	33. _____	_____
16. _____	_____	34. _____	_____
17. _____	_____	35. _____	_____
18. _____	_____	36. _____	_____

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 _____