AER Competition Entry Form

Events
Gymnastics Victoria

Tax Invoice VGA ABN 58 743 526 750

Event Selection

☐ State Team Trial …….. **$35** (+$20 per additional category)

☐ Victorian Championships…... **$60** (+$40 per additional category)

☐ Other (Please Specify) _____ **$**

Club Information

Club Details:	Club Name:		Club iMIS ID #:
Contact Details:	Contact Person:	Phone ⇨	Email ⇨

Personnel Information

Coach 1	Name:	Surname:	Tech ID #:	Accred. Level:
Coach 2	Name:	Surname:	Tech ID #:	Accred. Level:
Judge	Name:	Surname:	Tech ID #:	Accred. Level:
	Email:			
Volunteer	Name:	Surname:	Preferred Position:	
(1 per 1-10 Athletes)	Phone:		Email:	

Athlete Information

Level Division ☐ 1 ☐ 2 ☐ 3

Junior [7-10yrs]	Intermediate [11-13yrs]	Senior [14 - 17]	Adult [18+]
☐ Ind.	☐ Ind.	☐ Ind.	☐ Ind.
☐ Team	☐ Team	☐ Team	☐ Team

National Division ☐ A ☐ B

Junior [7-10yrs]	Intermediate [11-13yrs]	Senior [14 - 17]	Adult [18+]
☐ Ind.	☐ Ind.	☐ Ind.	☐ Ind.
☐ Pair	☐ Pair	☐ Pair	☐ Pair
☐ Team	☐ Team	☐ Team	☐ Team

International Division

Elite [18+yrs]	Age Group 1 [12-14yrs]	Age Group 2 [15-17yrs]	National Development
☐ Ind.	☐ Ind.	☐ Ind.	☐ Ind.
☐ Pair	☐ Pair	☐ Pair	☐ Pair
☐ Team	☐ Team	☐ Team	☐ Team

	Athlete ID #	First Name	Surname	DOB	Team Name (If Applicable)	Cost	*Photo Consent*
1						$	
2						$	
3						$	
4						$	
5						$	
6						$	

Payment Details ⇨ ☐ *Cash* ☐ *Cheque* ☐ *Direct Credit* ☐ *Credit Card*

Total ⇨ $

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