

# TAAF Qualifier

**\$35.00 Compulsory      \$40.00 Optional**

**TEAM NAME:** \_\_\_\_\_ **COACH** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**FAX #** \_\_\_\_\_ **EMAIL ADDRESS** \_\_\_\_\_

	Last Name	First Name	TAAF #	Level	Div
1					
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**Number of Compulsory Gymnasts** \_\_\_\_\_ x **\$35.00** = \_\_\_\_\_

**Number of Optional Gymnasts** \_\_\_\_\_ x **\$40.00** = \_\_\_\_\_

**For office use only:**

**Amount Received** \_\_\_\_\_ **Check#** \_\_\_\_\_ **Date** \_\_\_\_\_