

**Winter Games 2010
TAAF Qualifier**

\$45.00 Compulsory \$50.00 Optional NO Team Fees

TEAM NAME: _____ **COACH** _____

PHONE: _____ **ADDRESS:** _____

FAX # _____ **EMAIL ADDRESS** _____

	Last Name	First Name	TAAF #	Level	Div
1					
2					
3					
4					
5					
6					
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8					
9					
10					
11					
12					
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14					
15					
16					
17					
18					
19					
20					
21					
22					

Number of Compulsory Gymnasts _____ x **\$45.00** = _____

Number of Optional Gymnasts _____ x **\$50.00** = _____

Team Entry Lv 4 Lv 5 Lv 6 Lv 7 Lv 8 _____ (Please circle which teams you are entering.)

For office use only:

Amount Received _____ **Check#** _____ **Date** _____