

**Complete this form and email it to the Meet Director** (see below for more information)

**CCS GYMNASTICS OFFICIAL  
ENTRY FORM**

(required for all entrants)

*California Interscholastic Federation*  
**Central Coast Section**

Governance of H.S. Athletic Programs  
from San Francisco to King City

**SCHOOL:** \_\_\_\_\_ **LEAGUE:** \_\_\_\_\_

**1. REQUIRED INFORMATION\***

\*COACH \_\_\_\_\_  
(please print first and last name)

\*Home Phone# \_\_\_\_\_

\*Work Phone# \_\_\_\_\_

Cell Phone # \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Best Hour(s) to call: Work \_\_\_\_\_ am pm Home \_\_\_\_\_ am pm

**2. COACH'S STATEMENT (\*signature required)**

By my typed signature below, I attest that the information provided on this form about our school team is accurate to the best of my knowledge. I further understand that if it is discovered that anyone associated with our school knowingly provided false information herein, serious and negative consequences will affect our school's athletic program and our participation in the CCS Play-offs, per CIF and CCS Fraud Bylaws.

\*Head Coach Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand the terms above and verify that my name is accurate: \_\_\_\_\_ must click "yes" before proceeding

**TEAM SCORE** (top **four** in each event): \_\_\_\_\_ Please enter I for Individual or T for Team below plus a number to designate your line up order

<u>Name of Gymnast</u> (first, last)	<u>Yr. in School</u>	<u>Vault</u>	<u>Bars</u>	<u>Beam</u>	<u>FX</u>	<u>AA</u>
_____	_____	_____	_____	_____	_____	_____
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**DUE TO CCS MEET DIRECTOR NO LATER THAN 9:00 am THREE (3) DAYS PRIOR TO THE CCS CHAMPIONSHIP**

Meet Director information will be posted in the Participant Information Bulletin on the [Gymnastics page](#) three weeks prior to the competition.