



AAU Team Florida FALL Qualifier Entry Form

1 Page Per Level

Club Name			
Address		City/Zip	
Coaches Name		AAU Number	
Coaches Name		AAU Number	
Phone Number		Cell Number	
Email Address			

Email your entry to your division Meet Director - CALL with credit card payment.

Please use the drop down to select
your teams level:

First Name	Last Name	Date of Birth	AAU #	Highest AA	Ability Division
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
		Qualifier Entry Fee: \$54.00 per Gymnast			
		Total Number of	Gymnasts:		
		Total Fee for	Gymnasts:		

**** If you have more athletes than slots provided for one level, please save and create a separate page for your remaining athletes. Please title your documents as shown (EX: Tampa Gymnastics Level 1 - Page 1) ****



AAU Team Florida Fall Meet Entry Tally Sheet

Team Name: _____ Club ID #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Gym Phone: _____

Email Address: _____

Additional Email Address: _____

List of Coaches attending along with AAU Number

Level	# of Athletes	Total Fees Due <i>\$54.00 per athlete</i>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
XB		
XS		
XG		
XP		
XD		
Ladies		

Total Amount Due: _____