

Special Olympics North Carolina 2008 Gymnastics Qualifier Entry Form



Qualifier: Western Central Page: _____

Local Program: _____ # Athletes: _____ # Coaches: _____

Head Coach: _____ Email: _____
(or primary contact)

Primary Phone: _____ Secondary Phone: _____
(mobile phone preferred - where you can be reached event date)

Athletes may enter for **one** of the following categories below. Please indicate level I, II, III, or IV where appropriate. Athletes competing in all events within one category will be automatically entered into the all-around competition for that category

Name: _____ Consideration:* H V W Age: _____ Gender: F M

<p>Women's Artistic</p> <p>Level: _____</p> <p><input type="checkbox"/> Vault</p> <p><input type="checkbox"/> Uneven Bars</p> <p><input type="checkbox"/> Balance Beam</p> <p><input type="checkbox"/> Floor Exercise</p>	<p>Women's Rhythmic</p> <p>Level: _____</p> <p><input type="checkbox"/> Rope/Rhythmic Floor Ex^</p> <p><input type="checkbox"/> Hoop</p> <p><input type="checkbox"/> Ball</p> <p><input type="checkbox"/> Ribbon</p> <p><small>^Rhythmic Floor Ex for Level 1 only Rope for Levels 2-3 only</small></p>	<p>Men's & Women's</p> <p>Level A - Artistic</p> <p><input type="checkbox"/> Vault</p> <p><input type="checkbox"/> Wide Beam</p> <p><input type="checkbox"/> Floor Exercise</p> <p><input type="checkbox"/> Tumbling</p> <p><input type="checkbox"/> Single Bar</p>	<p>Men's Artistic</p> <p>Level: _____</p> <p><input type="checkbox"/> Floor Exercise</p> <p><input type="checkbox"/> Pommel Horse</p> <p><input type="checkbox"/> Rings</p> <p><input type="checkbox"/> Vault</p> <p><input type="checkbox"/> Parallel Bars</p> <p><input type="checkbox"/> Horizontal Bar</p>
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*Please indicate following consideration: H = Hearing Impaired V = Visually Impaired W = Uses Wheelchair
Submit registration forms to the appropriate Area Director or Sport Director by the qualifier deadline.

Photocopy this form as needed.
*Age the athlete will be on June 6, 2008