



Competition Entry Form

Competition Information

Competition Name: GCA Cup (WG) Competition Date: Sept 26-27/09
Please Print

Gymnast's Information

Name: _____ Competition Level: _____
Please Print
Coach's Name: _____ Squad Number: _____

Payment Options (Entries cannot be processed without payment)

- Find enclosed a cheque for the amount of: \$ 88.00
- Cash for the amount of: \$ 88.00
- EFTPOS for the amount of: \$ 88.00
- Debit my credit card for the amount of: \$ 88.00

Please select: VISA MasterCard

Card Number: _____ Expiry: ____ / ____
Month Year

Cardholder's Name: _____
Please Print

Cardholder's Signature: _____

Parent/Guardian Permission

I, _____ hereby give permission for my child to compete
Please print your name
in the GCA Cup (WG) competition on 26-27 / 09 / 2009.
Please print competition name

Signature: _____

Office Use Only

Date Processed: _____ Payment Type: _____ Staff Member: _____
Payment method Please initial