

## TeamGym Squad Competition Information Form – Levels 7 and 8

The following form needs to be completed and submitted by the squad coach at least 30 minutes prior to the scheduled start-time for the competition. Failure to submit this form on time is subject to a 0.5 deduction from the Squad's Group Jump Final Score.

Squad #	Club Short Name	City	State	Nickname
# in squad	Level	Gender : <input type="checkbox"/> Female <input type="checkbox"/> Open Female <input type="checkbox"/> Mixed <input type="checkbox"/> Open Male <input type="checkbox"/> Male		

### Tumbling –

Pass # This pass is:

- 1  Predominantly backward  
 Predominantly forward  
 Mixed

*In the first 1<sup>st</sup> pass, all of the gymnasts must perform the same element(s).*

- 2  Predominantly backward  
 Predominantly forward  
 Mixed

- 3  Predominantly backward  
 Predominantly forward  
 Mixed

### Vaulting / Mini-tramp –

Pass #	Apparatus VT or MT	Name / description of the skill (pass) performed...
1	VT    MT	
2	VT    MT	
3	VT    MT	

COACH Name & Signature: \_\_\_\_\_

Submitted ON TIME

Submitted LATE

Meet Director's Initials: \_\_\_\_\_