**GymFest 2025**

**Club Entry Form**

**Head Coach & Club Contact Information**

|  |  |
| --- | --- |
| **Club Name** |  |
| **Club colour or colours (usually logo colours)** |  |
| **Club email** |  |
| **Contact name - prior to event** |  |
| **Mobile number to be added to the WhatsApp group – please add all numbers** |  |
| **Club telephone number** |  |
| **Contact name - day of event** |  |
| **Mobile contact number - day of event** |  |
| **Own club insurance provider name** |  |

|  |  |
| --- | --- |
| **Please confirm that you are happy for Gymspire Academy to keep all the entry information until the end of the competition.**  **No information will be shared.** | Y/N |
| **Please confirm that you are happy for Gymspire Academy to keep the club’s email address on our mailing list for further competitions. No emails will be shared.** | Y/N |

**Coaches**

|  |  |  |
| --- | --- | --- |
| **Full Name** | **Coaching Qualification** | **BG/IGA Number or Insurers name** |
|  |  |  |
|  |  |  |
|  |  |  |

**Judges**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name** | **Judging Qualification or Experience** | **Preferred Apparatus** | | **BG/IGA Number or Insurers name** |
| **FLOOR** | **VAULT** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Payment**

Payment is to be made via BACS transfer to the details below. Please ensure you put your club name as the reference. Please note entries will not be counted until the full payment has cleared.

**INSPIRING EVENTS LTD**

Sort code: 04-00-03

Account Number: 37376351

**Payment Totals**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ITEM | COST | AMOUNT |  | SUB TOTAL |
| Gymnast Entry Fees | £27.00 | Enter number of gymnasts here | **Sub-Total:** | £ |
| Missing Judge Fees | £60.00 | Enter number of missing judges here | **Sub-Total:** | £ |
|  | | | **Total Amount Due:** | £ |
| **Payment Date and Time:** | | | | |