



NCA All-Star

ELIGIBILITY FORM



Dear All-Star Gym Owner,

Please list below EACH participant competing, as well as his or her age as of August 31, 2011. This information must be completed and turned in at the NCA check-in desk prior to the competition. This information must be confirmed, authorized and approved by the gym owner in order for your team to compete. (Please PRINT or TYPE)

Team Name: _____ **Division/Category:** _____

<u>Participant's Name</u>	<u>Age as of August 31, 2011</u>	<u>Participant's Name</u>	<u>Age as of August 31, 2011</u>
1. _____	_____	21. _____	_____
2. _____	_____	22. _____	_____
3. _____	_____	23. _____	_____
4. _____	_____	24. _____	_____
5. _____	_____	25. _____	_____
6. _____	_____	26. _____	_____
7. _____	_____	27. _____	_____
8. _____	_____	28. _____	_____
9. _____	_____	29. _____	_____
10. _____	_____	30. _____	_____
11. _____	_____	31. _____	_____
12. _____	_____	32. _____	_____
13. _____	_____	33. _____	_____
14. _____	_____	34. _____	_____
15. _____	_____	35. _____	_____
16. _____	_____	36. _____	_____
17. _____	_____	37. _____	_____
18. _____	_____	38. _____	_____
19. _____	_____	39. _____	_____
20. _____	_____	40. _____	_____

I certify that all the listed participants are current active members of _____ gym & meet the eligibility requirements of the specified division to be a member of the team participating.
(MUST BE SIGNED BY GYM OWNER)

Signed By: _____ Date: _____

Print Name: _____ Day Phone: _____

Title: _____ Email: _____