

# GYMNASTS UNITED INC.

## SANCTION MEET REPORT

MEET DIRECTOR'S NAME: \_\_\_\_\_ MEMBERSHIP #: \_\_\_\_\_

GYM CLUB NAME: \_\_\_\_\_ GYM CLUB MEMBERSHIP #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

MEET START DATE: \_\_\_\_\_ MEET END DATE: \_\_\_\_\_

MEET NAME: \_\_\_\_\_ MEET TYPE: \_\_\_\_\_

COMPETITION LEVELS: \_\_\_\_\_

HOW MANY COMPETITORS AT COMPETITION: \_\_\_\_\_

MEET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EQUIPMENT SUPPLIER: \_\_\_\_\_

SCORING SUPPLIER: \_\_\_\_\_

ANY INJURIES DURING COMPETITION:  Yes  No If yes, please complete Injury Report Form.

ANY ISSUES DURING COMPETITION: \_\_\_\_\_

ADDITIONAL NOTES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

MEET DIRECTOR SIGNATURE: \_\_\_\_\_

**PLEASE COMPLETE AND SEND. FORM MUST BE RECEIVED UP TO 14 DAYS AFTER COMPETITION.**

**Please complete and send form to:**

**Gymnasts United Inc. P.O. Box 273, Denver, NC 28037 or Email to [gymnastsunitedinc@gmail.com](mailto:gymnastsunitedinc@gmail.com)**