



CLUB AFFILIATION 2010

Please complete all the information requested about your Club. It is extremely important so that the Club has a true record of gymnastics activity taking place to assist with future plans.

INCOMPLETE FORMS WILL BE RETURNED AND AFFILIATION NOT RENEWED

Club Name:																													
BG Club No:																													
Club Contact: Name Address																													
Postcode																													
Position in Club:																													
Club / Contact Tel No:																													
Contact Email Address:																													
Training Venue(s):																													
Disciplines Offered: <i>(please enter number of gymnasts in each discipline)</i>	<table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"><i>Discipline</i></th> <th style="text-align: left;"><i>No. Participants</i></th> <th style="text-align: left;"><i>Discipline</i></th> <th style="text-align: left;"><i>No. Participants</i></th> </tr> </thead> <tbody> <tr> <td>WA</td> <td>.....</td> <td>MA</td> <td>.....</td> </tr> <tr> <td>GG</td> <td>.....</td> <td>RG</td> <td>.....</td> </tr> <tr> <td>Acro</td> <td>.....</td> <td>GMPD</td> <td>.....</td> </tr> <tr> <td>Aerobic</td> <td>.....</td> <td>Tramp</td> <td>.....</td> </tr> <tr> <td>Pre Sch</td> <td>.....</td> <td>Fundamentals</td> <td>.....</td> </tr> <tr> <td>Cheerleading</td> <td>.....</td> <td>Team Gym</td> <td>.....</td> </tr> </tbody> </table>	<i>Discipline</i>	<i>No. Participants</i>	<i>Discipline</i>	<i>No. Participants</i>	WA	MA	GG	RG	Acro	GMPD	Aerobic	Tramp	Pre Sch	Fundamentals	Cheerleading	Team Gym
<i>Discipline</i>	<i>No. Participants</i>	<i>Discipline</i>	<i>No. Participants</i>																										
WA	MA																										
GG	RG																										
Acro	GMPD																										
Aerobic	Tramp																										
Pre Sch	Fundamentals																										
Cheerleading	Team Gym																										
Number on Waiting List:																													
Gym Mark: (please circle)	Yes Working Towards No Interested																												
Names of Head Coach: Welfare Officer(s):																													
Number of Hours a week offered by the Club																													

Level of Participation offered by the Club: (please tick)	Recreational Novice / Low Level Competition County / Regional Competition National / International Competition	
Volunteers: (Numbers of regulars, ie: Committee Members, helpers, etc.)	Name	Role

COACHES:

(Please list all coaches within your Club and complete required details)

Name:	Discipline	Level	BG No:	Employed	Voluntary

Name:	Discipline	Level	BG No:	Employed	Voluntary

JUDGES:

(Please list all Judges qualified on the current cycle)

Name	Discipline	Qualification	BG Number:

Does your Club run after school sessions/clubs? Yes No Interested
(Please circle)

If yes: Name of School/School Sport Partnership & School Contact:

.....

Does your Club have any of its coaches working in Schools, or Interested in doing so ?

If yes, please give details

.....

Does your Club run Leisure Centre Sessions? Yes No

(Please circle)

If yes: Name of Leisure Centre(s):

.....
.....

Does your Club have contact with your local County Sports Partnership?

Yes No

Please circle which County Association your Club is Affiliated to:-

Derbyshire: Leicestershire; Lincolnshire: Northamptonshire; Nottinghamshire

In order to affiliate to the region the following criteria must be met, please confirm:

All club members have Bronze, Silver or Gold Member of British Gymnastics. YES / NO

The club is affiliated to a County Association. YES /NO

On behalf of the Club named on this form, I wish to apply for Membership to the East Midlands Gymnastics Association and agree that the Club will abide by the Rules of the Association.

I enclose a cheque to the value of **£42.00**
(made payable to East Midlands Gymnastics Association).

Signed: Position in Club:

Name in Capitals: Date:

Please return this form and cheque to:

Alan Price
Regional Administrator
5 Blandford Gardens
West Bridgford
Nottingham NG2 7UQ.

Tel: 07739 512166
email: alan.price@gymnasticsengland.org