



AMERICAN VAULTING ASSOCIATION

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COMPOSITE TEAM FORM

For regulations governing Composite Teams, consult current AVA Rule Book, Standing Rules;
Section VIII.c.8 – Composite Teams.

DIRECTIONS: Complete the form and submit to **COMPETITION MANAGEMENT** within the timeframe published in its prize list. Each vaulter’s participation on the Composite Team must be authorized by his or her coach, in a manner acceptable to Competition Management as published in its prize list.

Competition Name: _____ Competition Date: _____

Class Name: _____ Class Number: _____

Nickname of Composite Team (optional): _____

LIST THE PARTICIPATING CLUBS FOR THIS COMPOSITE TEAM

(Vaulter names to be determined later as specified in Prize list. For independent vaulters specify club as “Independent” and print vaulter name.)

AVA Club _____

AVA Club _____

AVA Club _____

AVA Club _____

AVA Club _____

AVA Club _____

AVA Club _____

Name of Organizing Coach: _____ Phone: _____

Member of AVA Club: _____

Email Address: _____

Mailing Address: _____

The Composite Team list above has been recorded for the competition listed.

12/28/13

Competition Management Signature: _____ Date: _____