

GOLD CUP ENTRY FORM

EVENT _____

DATE _____

TEACHER _____

	To be filled in by : Teacher		Event Chair	Gold Cup Chair	
	STUDENT'S NAME (in alpha order by last name, please)	BIRTHDATE (if 1st entry)	RATING	POINTS	POINTS TO DATE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Teachers: Please clearly print students' names. If it is the student's first entry in your studio, please include birthdate. If more than 15 entries, use a 2nd sheet. **Gold cup forms are submitted to that event's chair when you enter students in an event.**

Event chairs: Please forward this form to the gold cup chair immediately after the event. For adjudicated events, please indicate grade. **For all events, cross off any cancellations or no-shows. Chairs must then send forms to the Gold Cup Chair Deborah White-Bondhus, 10637 Green Mountain Circle, Columbia, MD 21**