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GYMNASTICS PERSONNEL ROSTER

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

Contact Person: _____

Broker No.: _____ Broker's Name: _____

Broker E-mail: _____

List all personnel. Make duplicates or request more forms if needed. Attach a current resume for all Key Personnel. Check all boxes that apply, using this key to identify the skills of your personnel:

- A** - Certified Instructor **B** - Certification Organization **C** - Standard First Aid (Basic)
D - Independent Contractor **E** - Other Skill (please describe): _____

NAME	AGE	YEARS EXP.	KEY PERSONNEL?	A	B	C	D	E
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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