# 2022 BCWCA Bergen County Gymnastics Tournament

Dear Athletic Directors and Coaches,

It is my pleasure to inform you that the Bergen County Gymnastics Tournament is just around the corner! The Bergen County Gymnastics Tournament is scheduled for Friday October 21, 2022 at Ridgewood High School. Competitors/Teams should report at 3:00pm for stretching and timed warm-ups. Competition start time is 5:00pm.

**General Information:**

The entry fee is ***$225.00 per team*** as per the BCWCA. Independent Gymnasts are **$35.00 per athlete**. Please bring a check to the meet made out to BCWCA. Since all of the teams/independents in the county will be participating in the tournament please ask your AD for the check as soon as possible so you have it by October 21.

Officials for the tournament will be paid for by the BCWCA.

I will be providing all the score sheets. Ridgewood will be providing the stop watches and score flashers for the meet.

Your team line-up must be emailed to me ONE WEEK PRIOR (Oct 14) to the meet so that the names can be entered into the computer scoring program. (changes can be made at the meet)

Your team win/lose record (with team scores) needs to be emailed to me ONE WEEK PRIOR (Oct 14) to the meet so that the tournament seeding can be completed.

Bring originals of the attached paperwork to the meet.

Please email/call me if you have any questions.

Trisha Piotrowski
Gymnastics Tournament Director
686 Newcomb Rd
Ridgewood NJ 07450

email: ppiotrowski@hackensackschools.org
phone: 201-321-2913

## 2022 BCWCA Bergen County Gymnastics Tournament
## Entry Form

*Please enter the results of county games up to and including October 14, 2022.*

| Date | Opponent | W | L | T |
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| | Overall Record | | | |

I certify that the above information is true and correct. Also, I understand that any injury to a player or member of the coaching staff incurred during the tournament, or any costs incurred as a result of any such injury, will not be the responsibility of the Bergen County Women Coaches Association or the holder of a certificate of insurance from the BCWCA, and my school agrees to indemnify and hold the BCWCA harmless from any such claim

Coach's signature

_____

Athletic Director's signature

_____

Principal's signature

_____

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# ROSTER FORM

Please complete the roster below. Please list names in alphabetical order. Please make sure to spell names properly.

School: _____

School Nickname: _____

School Colors: _____

Head Coach: _____

Coach Home Phone: _____

Assistant Coach(es):_____

Superintendent: _____

Principal: _____

Athletic Director: _____

| Name | Grade | * Captain |
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| **Name Cont.** | **Grade** | *** Captain** |
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