YEAR_____ FORM #2-A

GOLD CUP STUDENT ENTRANTS

TEACHER _____ADDRESS_____AREA_____

E-MAIL_____PHONE #_(_____)_____AREA or GOLD CUP CHAIRMAN_____

Please list students in Alphabetical Order. Indicate in the appropriate column if the student is new or transfer. (If transfer, also fill in info. on next sheet.)

Last Name	First Name	New/Transfer? Indicate by N/T	Event	Level	Rating	Previous Point Total	Total Points	Gold Cup? Check if yes