



# Flip Tuck Gymnastics Center Meet Form



Student Name: \_\_\_\_\_

Class Name: \_\_\_\_\_

Class Day: \_\_\_\_\_ Class Time: \_\_\_\_\_

Leo Size: \_\_\_\_\_ (Gymnasts) T-shirt Size: \_\_\_\_\_ (All)

Top Size: \_\_\_\_\_ (Tumblers) Bottom: \_\_\_\_\_ (Tumblers)

Years of Experience in Tumb/Gymnastics? \_\_\_\_\_

Checked _____
Entered JR _____
Paid _____ # _____
Staff Initial _____



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