



Flip Tuck Gymnastics May 5th & 6th

Participation Form

Students Name: _____

Gymnastics Tumbling Cheer

Class Day: _____ Class Level: _____ # of yrs. Experience: _____

Leo or Shirt Size: CXS CS CM CL AXS AS AM AL AXL

Number of Family members to attend the meet: _____

YES, my son/daughter will be participating in the Flip Tuck Gymnastics meet.

Parent Signature: _____ Date: ____/____/____

****Meet fee, picture form and program forms are due by March 8, 2017 ****

Payment info: Gymnastics \$50.00 Cheer \$50.00

Cash Check# _____ CC

G- _____ C- _____ H- _____



Flip Tuck Gymnastics May 5th & 6th

Participation Form

Students Name: _____

Gymnastics Tumbling Cheer

Class Day: _____ Class Level: _____ # of yrs. Experience: _____

Leo or Shirt Size: CXS CS CM CL AXS AS AM AL AXL

Number of Family members to attend the meet: _____

YES, my son/daughter will be participating in the Flip Tuck Gymnastics meet.

Parent Signature: _____ Date: ____/____/____

****Meet fee, picture form and program forms are due by March 8, 2017 ****

Payment info: Gymnastics \$50.00 Cheer \$50.00

Cash Check# _____ CC

G- _____ C- _____ H- _____