

Participation Form

Students	Name:											
	Gymnastics	T <mark>umb</mark> ling	Cheer									
Class Day:	Class Level	:#	# <mark>of yrs. Experience</mark>									
Leo or Shirt Size:	CXS CS	CM CL	AXS AS	AM	AL	AXL						
Number of Family members to attend the meet:												
[] YES, my son/d	<mark>aughter will be p</mark>	oarticipating in	the Flip Tuck	Gymnas	stics m	eet.						
Daniel Cinnet			Date	100	,	7						
Parent Signature:_			Date:		/							
**Meet fee, picture form and program forms are due by March 8, 2017 **												
Payment info: Gymnastics \$50.00 Cheer \$50.00												
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[] Ca	211 []	CHECK#		1 100								
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The World of Sweets May 5th & 6th

	<u>Pa</u>	articipatio	n Forr	<u>n</u>	y –						
Student	s Name:										
	Gymnastics	Tun	<mark>nb</mark> ling	Cl	neer						
Class Day:	Class Lev	el:		_# of yr:	s. Expe	rience:		11 V			
Leo or Shirt Size:	CXS CS	CM	CL	AXS	AS	AM	AL	AXL			
Numb	oer of Family m	embers t	o a <mark>tte</mark>	nd the n	neet:						
[] YES, my son/d	laughter will be	participa	ating i	n the Fli	p Tuck	Gymna	stics m	eet.			
Parent Signature:				C	ate:	_/_	J				
**Meet fee, pic	ture form and	program	forms	are du	e by M	arch 8,	2017 *	*			
Payment info: Gymnastics \$50.00 Cheer \$50.00											
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