



TEAM CAMP REGISTRATION FORM

Gymnast Name: _____

Address: _____

Phone Number: _____

Gym Name: _____

Current Training Level: _____

Email Address: _____

Emergency Contact: _____

Emergency Phone: _____

Amount Paid: _____ Check # _____

Leo Size: YXS YS YM YL AS AM AL

*Make Checks Payable to
CO-OP Gymnastics
3320 FOX HILL RD
Easton, PA 18045*