



**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*

VENMO: CO-OPGYMNASTICS