

Team Tryouts- Gymnast Info.

- Gymnast Name: _____ Age _____
- Head Over Heels Member: Yes _____ No _____
- If yes, instructor's name: _____
- Current class or competitive level: _____
- Team you are trying out for (if unknown, leave blank): JO- _____ Xcel- _____
- Parent Name: _____
- Address: _____
- Contact e-mail: _____
- Contact Phone Number: _____
- Additional Info.: _____