



# GYM ACHIEVERS

## SPRING SEASON ONLY

Club Name			
Club Address			
	City:	Zip Code:	
Club Contact Name			
Email Address		@	
Phone Numbers	Club Number ( )	Cell Number ( )	
<b>ATHLETE NAME</b>	<b>BIRTHDATE</b>	<b>LEOTARD SIZE (Circle)</b>	<b>\$120.00 PER ATHLETE</b>
		Child: XS S M L XL Adult: XS S M L XL	
		Child: XS S M L XL Adult: XS S M L XL	
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		Child: XS S M L XL Adult: XS S M L XL	
		<b>TOTAL</b>	<b>\$</b>
<b>Please make check payable to Team Florida &amp; mail to: Terry Doster, 2 Adalia Ave #703 Tampa FL 33606 Do Not Send registered mail or signature required</b>			