

Florida and Regional GRADUATING HIGH SCHOOL SENIORS

THIS FORM IS FOR GYMNASTS qualifying to Florida state meets & possibly to Regional meets who are high school seniors. FORM IS TO BE COMPLETED & RETURNED to Florida State Chairman no later than March 1st – thank you email to AmTwist@aol.com fax to 772-489-5982

LEVEL (circle): XCEL 7 8 9 10

NAME: _____

CLUB: _____

NAME(S) OF COACH: _____

NUMBER OF YEARS COMPETING: _____

NUMBER OF TIMES COMPETED IN A REGIONAL MEET _____

COLLEGE ATTENDING _____

COLLEGE COLORS _____

ARE YOU COMPETING IN COLLEGE YES NO

WILL YOU ATTEND ON SCHOLARSHIP YES NO

TYPE OF SCHOLARSHIP: ATHLETIC ACADEMIC OTHER _____

FULL PARTIAL

PROBABLE/POSSIBLE MAJOR OR AREA OF INTEREST: _____

Highlights of Career: _____

Coach comments (that will be read at State meet): _____

NAME OF PARENTS:

MOTHER _____

First

Last

FATHER _____

First

Last

At both the State meet and Regional meet, we will recognize graduating seniors and their parents/coaches – this one form will be used at both the State and Regional meet.