

NOLA GYMNASTICS

LEOTARD ORDER FORM

PLEASE PRINT

Athlete's Name: *

Phone Number: *

Contact EMAIL: *

School Attending: *

<input type="checkbox"/>	NOLA Gym	<input type="checkbox"/>	Sacred Heart	<input type="checkbox"/>	McGeehe
<input type="checkbox"/>	Newman				

	Size *	Quantity *	Price
Check Leotard Size *	Child Small 6/6x	<input type="text"/>	\$40
	Child Med 7/8	<input type="text"/>	\$40
	Child Lrg 10/12	<input type="text"/>	\$40
	Child XLrg 12/14	<input type="text"/>	\$40
Extra Scrunchies	One size fits all	<input type="text"/>	\$3

Please attach a check, payable to NOLA Gymnastics

Check Number *

Amount attached *



Make Check Payable to:

NOLA Gymnastics

Mail this entire form with attached payment to:

NOLA Gymnastics

6121 Hurst Street, NOLA 70118

For office use only

Delivery date:

Please visit our website at www.nolagymnastics.com