

Team Add-on Practice Form

Gymnast Name _____ Level _____ Date _____

Month: _____

Day: _____ Date: _____

Day: _____ Date: _____

Day: _____ Date: _____

Day: _____ Date: _____

Day: _____ Date: _____

Day: _____ Date: _____

of add-on days: _____ x \$22.00 each = _____ Check# _____
Notes: _____

***To be guaranteed, add-ons must be requested before the first of the month to arrange proper practice and coach scheduling.

***Kindly give 24 hours notice if your daughter is unable to attend her add on practice. Without notice, payments will not be applied to future add-on days.

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