

# 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				

Check  
Leotard Size \*

	Size *	Quantity *	Price
<input type="checkbox"/>	Child Small 6/6x	<input type="text"/>	\$40
<input type="checkbox"/>	Child Med 7/8	<input type="text"/>	\$40
<input type="checkbox"/>	Child Lrg 10/12	<input type="text"/>	\$40
<input type="checkbox"/>	Child XLrg 12/14	<input type="text"/>	\$40

Extra Scrunchies

<input type="checkbox"/>	One size fits all	<input type="text"/>	\$3
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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](http://www.nolagymnastics.com)