

	First Name	Last Name	Level	Age	Leotard Size	Shoe Size	Shirt Size	Pants Size	Jacket Size
40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
51									
52									
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54									
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57									
58									
59									
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61									
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63									
64									
65									
66									
67									
68									
69									
70									
71									
72									
73									
74									
75									

Once completed email or mail to the following before **11/15/22**

Email to: NJUSAGKids@gmail.com
or **(Electronic Spreadsheet Preferred)**

Mail to:
Angela Andrews/ NJ USAG Apparel
c/o Envision Gymnastics
6 Lina Lane
Eastampton, NJ 08060



NJ USA Gymnastics Apparel Form (Development/Xcel)

Gym Club Name: _____

Gymnast Name: _____

Level: _____ Age: _____

Mobile Phone: _____

Email: _____



Leotard Size	Shoe Size	Shirt Size	Pants Size	Jacket Size

Once completed please return to the gym by _____



NJ USA Gymnastics Apparel TEAM SUMMARY Form (Development/Xcel)

Gym Club:

Item	10	11	12	13	1	2	3	4	5	6	7	8	9	10	11	12
Item	CXS	CS	CM	CL	AXS	AS	AM	AL	AXL	1XL	2XL	3XL				
 Shoe																
 Leotard																
 Shirt																
 Pants																
 Jacket																

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