

Monthly Report for USA Jr. National Trampoline Team

Month _____

Name _____

Name of Synchro partner _____

Height _____ Weight _____

Total # of practices _____

Total # of hours _____

Total # of turns _____

Total of DD _____

Total # of skills _____

DD per skill (total DD/total skills) _____

DD per turn (total DD/total turns) _____

Total of C.R. _____ Total of O.R. (synchro) _____

Total of O.R. (prelim.) _____ Total of O.R. (final) _____

Total # of days-off _____

Drug-Tested by USADA? _____ When? _____

Injuries _____

Date: _____

Athlete's Signature

Coach's Signature

Note Monthly report must be received by the 7th of each month
Fax: 719-667-5469