Monthly Report for USA Sr. 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