



USA GYMNASTICS.

USA GYMNASTICS TRAMPOLINE DEVELOPMENT CENTER APPLICATION

General Information:

Gym Name: _____

USA Gymnastics Member Club #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Owner's Name: _____

Owner's Email: _____

Contact Name (if different from owner): _____

Contact Email (if different from owner): _____

Years in Business: _____

Mission Statement of Gym:

Facility Information:

Number of locations: _____

Primary facility square footage: _____

Primary facility dimensions: _____

Primary facility ceiling height: _____

Do you host competitions at your facility? _____

 If yes, how many per year? _____

Do you have trampoline? _____

 If yes, what size and what bed? _____

 If yes, is it in ground or above ground? _____

Enrollment Information:

Number of active students: _____

Number of students aged 11-18: _____

Number of students under 11: _____

Number of competitive students: _____

Competitive programs offered: (check all that apply)

____ Women's Artistic

____ Men's Artistic

____ Rhythmic

____ Gymnastics for All

____ Trampoline & Tumbling

____ Acro

Recreational programs offered:

Percentage of enrollment that is male: _____

Percentage of enrollment that is female: _____

Number of recreational coaches: _____

Number of competitive coaches: _____

Do you participate in Talent ID Programs? _____

If so, which ones: (check all that apply)

_____ Trampoline EDP

_____ Women's TOPS

_____ Men Future Stars

_____ Rhythmic Future Stars

Additional Comments:

Please submit this fully completed application via e-mail to trampolineandtumbling@usagym.org. You should include no more than five photographs of your facility in your email.