

Senior Athlete Biography

Please complete the following information and mail it to the State Chairman. If this information is not included we will not be able to guarantee that your athlete will receive a Senior Plaque.

Gymnast's name:

Nickname:

Parent's Name(s):

Coach's Name(s):

Club Name:

High School Name:

Hometown:

Competitive Class Level:

Favorite event:

Gymnastics accomplishments:

Special Interests / other activities:

Future Plans:

**USE OTHER SIDE OF PAPER TO INCLUDE ANY ADDITIONAL
INFORMATION OR INTERSTING STORIES ABOUT YOUR ATHLETE.**

Return to:

Ohio Boy's USA Gymnastics
C/O the Ohio Gymnastics Institute, Inc.
5701 West Webb Road
Austintown, OH 44515