

ATHLETE PROFILE

EMAIL THIS FORM TO collegiate showcase@hillsgymnastics.com

THIS FORM WILL BE GIVEN TO THE ATTENDING COLLEGE COACHES ONLY IF RECEIVED BY 7/5/18

ATHLETE INFORMATION		GYM
NAME		COACH
DOB	GRAD YEAR	PHONE #
USAG LEVEL 2018	2019	EMAIL
ADDRESS		ADDRESS
CITY	ZIP	CITY ZIP
PHONE #		PHONE #
EMAIL ADDRESS		EMAIL
PARENTS NAMES		
PARENTS EMAIL		

WEB LINK TO 2017-18 VIDEO
COMPETITIVE HIGH SCORES AA - _____ VT- _____ UB- _____ BM- _____
EVENT SKILLS/HIGHLIGHTS

TOP SCHOOLS you are interested in	
1)	4)
2)	5)
3)	6)

ACADEMIC INFORMATION	
HIGH SCHOOL	GPA DATE
ADDRESS	SAT DATE
CITY	ACT DATE
ZIP	OTHER SCHOLASTIC ACHIEVEMENTS / HONORS
PHONE #	
GUIDANCE COUNSELOR	