



Airborne Gymnastics

USA Gymnastics Fitness Challenge

PLEDGE FORM



**Children's
Miracle Network
Hospitals**

Gymnast's Name _____

_____ Gymnastics School and USA Gymnastics clubs across the country are participating in a nationwide fundraiser as part of the USA Gymnastics Fitness Program for Children's Miracle Network Hospitals on _____, 2011.

Your donation is 100% tax deductible and the money will stay in our community and go to a children's hospital. You may make a flat donation at this time, or after the event, I can come back and let you know how many strength exercises, skills, or flips I have done.

In order to participate in the handstand world record attempt:

- 1) If you attend Airborne you must be a Power Pint 2, Beginning, Intermediate, Advanced, or Team Gymnast. Adults are welcome.
- 2) You must acquire a minimum donation of \$5.00 to participate.
- 3) If you are not currently enrolled in Airborne, you must fill out a waiver form.

Name	Phone	Flat Donation	Sub-Total
John Smith	(123) 555-0393	\$25.00	\$25.00

Make checks payable to Children's Miracle Network Hospitals.

TOTAL: \$

**For Coach/
Club Owner
Use Only**

Total money collected for Children's Miracle Network Hospitals is \$ _____.
Thank you for your help with your donation to the less fortunate in our community.

Official signature: _____ # of completed strength/flips/cartwheels: _____ Date: ____/____/2011

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