



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 [scarlson@usagym.org](mailto:scarlson@usagym.org). You should include no more than five photographs of your facility in your email.**