

2018 FLIP FEST

I FLIP FOR ROFY Pledge Sheet

Join us for our 7th annual Gymnastics Department FLIP FEST

Where **KIDS CAN HELP KIDS!** Your child can be a part of making an impact in our community!

Sunday April 29th through Sunday May 6th

Gymnast Name _____ Email address _____

Mailing Address: _____

Class Name, Day and Time _____

Raise **ANY** amount to participate and receive a custom "I flipped for ROFY" bag of popcorn & balloon

Raise **\$25** and receive a custom "I flipped for ROFY" recognition Medal at completion of flipping

Raise **\$75** receive a "I flip for ROFY" Tshirt

Raise **\$150** and receive a custom made "I Flip for ROFY" leotard

Raise **\$250** be put into a special raffle to win **FREE WEEK OF GYMANSTICS SUMMER CAMP!**

Flips can be of any nature, for all levels and include beginner rolls to advanced skills

Name & Address	Pledge per flip			Fixed Pledge	Collected
.....	\$	>	= \$	or \$	Y/N
.....	\$	>	= \$	or \$	Y/N
.....	\$	>	= \$	or \$	Y/N
.....	\$	>	= \$	or \$	Y/N
.....	\$	>	= \$	or \$	Y/N
.....	\$	>	= \$	or \$	Y/N
.....	\$	>	= \$	or \$	Y/N
.....	\$	>	= \$	or \$	Y/N
.....	\$	>	= \$	or \$	Y/N
.....	\$	>	= \$	or \$	Y/N

PLEASE MAKE CHECKS PAYABLE TO THE HOCKOMOOCK AREA YMCA/ROFY

I COMPLETED _____ #of FLIPS and Raised \$ _____ for ROFY!!!

Tshirt Size: CS CM CL AXS AS AM AL AXL
 (please circle a size if you raised \$50 or more)

Leotard Size: CS CM CL AXS AS AM AL AXL
 (please circle a size for your Leotard if you raised \$125 or more)

Release of Liability

All proceeds from this event benefit The Hockomock Area YMCA ROFY campaign and are 100% tax deductible

Permission to participate:

I understand that gymnastics is a physical activity with inherent risk to participate. By participating, in this event, and signing this form, I release liability. I/We agree that the Hockomock Area YMCA, instructors, volunteers, or staff; will not be held responsible for any injuries or incidents that should occur during the time of said activity.

Parent/guardian signature:

Date
