



GK GYMNASTICS LEOTARD SIZING WORKSHEET

GK Account #: _____

Team Name: _____

Name of Person Sizing: _____

Size Approval Signature: _____

Size Approval Date: _____

	Athlete First/Last Name	chest	waist	hip	torso	CXS	CS	CM	CL	AXS	AS	AM	AL	AXL	1XL	2XL	3XL	Torso				
																		Short	Reg	Long		
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
11																						
12																						
13																						
14																						
						TOTAL																

This spreadsheet contains formulas to calculate totals. Depending on your version of Adobe Acrobat Pro, these formulas may or may not calculate.