TIME TO PRE-ORDER YOUR OFFICIAL 2020 AWC LEOTARD!

We are commemorating our 10th "SILVER" anniversary of the Athlete Warrior!

Pre-orders are at a discounted price of \$35. (A limited selection will be available to purchase at the meet for \$45.)

To pre-order a leotard, please put the completed order form and payment in the OGBC drop box. The leotards will be delivered to your gymnast before the AWC meet.

Orders are due by Wednesday, December 11th.

If you have any questions, please contact Mary Shelton. sheltonmary@yahoo.com 248-818-0396



CHILD'S SIZE CHART

Note: Garland Activewear leotards run true to the garment industry's standard thus may be larger than the leotards you are currently using. When between sizes use clothing size as a guide.

Garland Activewear Size	CXS	CS	СМ	CL	
Child's Clothing Size	2	4-6	6-8	10-12	
Chest Inches	19-21	22-25	26-28	29-30	
Chest Centimeters	48-53	56-64	66-71	73-76 25-27 64-69 30-32 76-71	
Waist Inches	19-20	21-22	22-24		
Waist Centimeters	48-51	53-56	56-61		
Hips Inches	19-21	22-25	26-29		
Hips Centimeters	48-53	56-64	66-74		
Torso Inches	38-40	41-44	45-48	49-51	
Torso Centimeters	97-102	105-112	114-122	125-130	

ADULT SIZING

Garland Activewear Size	AXS	AS	AM	AL
Adult Clothing Size	0-2 (Adult)	4-6	6-8	10-12
Chest Inches	30-33	34-36	35-37	38-40
Chest Centimeters	76-84	86-91	89-94	97-102
Waist Inches	22-24	23-25	26-27	28-30
Waist Centimeters	56-61	58-64	66-69	71-76
Hips Inches	32-34	33-35	35-36	38-40
Hips Centimeters	81-86	84-89	89-91	97-102
Torso Inches	52-54	54-56	57-59	60-62
Torso Centimeters	132-137	137-142	145-150	152-158

AWC 10 YEAR ANNIVERSARY COMMEMORATIVE LEOTARD ORDER FORM

		•••••	•••••		•••••				
Parent's name:_									
Email:									
Phone #:									
Gymnast's full r	name:							Level:	
Circle Size:	<u>CXS</u>	<u>CS</u>	<u>CM</u>	<u>CL</u>	<u>AXS</u>	<u>AS</u>	<u>AM</u>	<u>AL</u>	
Circle payment	method:	*Ch	eck writ	ten to	OGBC	*Cre	edit Card	*Cash is ı	not accepted
If paying by crec	lit card, p	lease fi	ll out th	e follov	wing info	ormatio	n:		
Name as it appe	ars on Cr	edit Caı	rd:						_
Credit Card num	ber:						CVC:		Exp. Date
(MM/YYYY):			Z	Zip Cod	le:				

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