January 18, 2010
Tampa, FL

ACROBASICS CLINIC
REGISTRATION FORM

Print or type all information, except where signature is required. One form per club.

The Registration is December 31, 2009
All forms must be postmarked by this date.

Name of Club: _____

Head Coach: _____ USAG #: _____

Phone Number: _____ Email: _____

Registration Fee: **Coach: $25.00***

***USA Gymnastics Membership is required for all athletes and coaches participating in a USA Gymnastics sanctioned event:**

Introductory Coach Membership:
http://www.usa-gymnastics.org/PDFs/Member%20Services/ms_introcoachform.pdf

Athletes: Free of Charge with current USA Gymnastics Introductory Athlete Membership
http://www.usa-gymnastics.org/PDFs/Member%20Services/ms_introathleteform.pdf

Name	USAG #	Coach	Ath.

PAYMENT

Form of payment (please circle one): CHECK CREDIT CARD

Checks can be made payable to USA Gymnastics and must be included with mailed registration forms. Registration forms including credit card payments can be mailed or faxed.

Type of Card: Visa / MasterCard / Discover / AmericanExpress

Name (as it appears on card) _____ Amount - $25.00 per coach _____

Card Number _____ Exp. Date _____

Signature _____

Return Registration Forms to:

USAG –Acrobatic Gymnastics, 132 E. Washington St., Suite 700, Indianapolis, IN 46204

(or) 317.237.5069 (fax)