

___ Pro, Jr. Pro, or Instructor Member:

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|--|---|
| <input type="checkbox"/> Congress Registration | <input type="checkbox"/> Regional Banquet |
| Name: _____ | SS# _____ |
| USA Gymnastics Pro/Inst. #: _____ | Birth date: _____ |
| Email: _____ | Fax: _____ |
| Office Use Only: Registration #: _____ | |

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