



ATHLETE TESTING REGISTRATION

3/17/2008 10:34 AM

**DEADLINE FOR REGISTRATION TO BE IN THE USA GYMNASTICS OFFICE IS TWO WEEKS
PRIOR TO THE TEST DATE**

Print or type all information, except where signatures are required

TESTING SITE/DATE: _____

Athlete Membership # _____ **(Athlete must have current USA Gymnastics membership)**

Athlete Name _____ BIRTHDATE _____ Age: _____

ADDRESS _____ PHONE _____
street

_____ city state zip

Coach to contact: _____ Pro # _____

NAME OF CLUB _____ Phone _____

Fax: _____ Email: _____

ADDRESS _____
street

_____ city state zip

T-Shirt Size: _____

FEE: **\$40.00 per athlete** Make checks payable to USA Gymnastics

Charge:  Other _____

Card # _____ Exp. Date ____/____

Account _____

Signature of Card Holder _____

Printed Name _____

MAIL OR FAX FORM AND FEE TO:

**Stephanie Parrish
USA Gymnastics
201 S. Capitol Ave., Suite 300
Indianapolis, IN 46225
Fax: (317)237-5069**