



2009 Acrobatic Gymnastics J.O. National Championships Merchandise/ Closing Party Ticket Order Form

Print or type all information, except where signature is required.

Deadline is Friday, June 12, 2009

Name of Club: _____

Club #: _____

Coach Contact: _____

Pro #: _____

T-Shirt Order:

	XS	S	M	L	XL	2XL
Child S.S. Tee	_____	_____	_____	_____	N/A	N/A
Adult S.S. Tee	N/A	_____	_____	_____	_____	_____
Child L.S. Tee	_____	_____	_____	_____	N/A	N/A
Adult L.S. Tee	N/A	_____	_____	_____	_____	_____
Child Baby Tee	N/A	_____	_____	_____	N/A	N/A
Adult Baby Tee	N/A	_____	_____	_____	_____	_____
Adult Polo	N/A	_____	_____	_____	_____	_____

**Where N/A indicated shirt size is not available*

T-Shirt Fee:

Child/Adult Short Sleeve Event T-Shirt \$15/each (x) _____ (quantity) = \$ _____

Child/Adult Baby Tee Event T-Shirt \$18/each (x) _____ (quantity) = \$ _____

Child/Adult Long Sleeve Event T-Shirt \$20/each (x) _____ (quantity) = \$ _____

Adult Event Polo \$27/each (x) _____ (quantity) = \$ _____

Ticket Fee:

Closing Party Ticket \$35/each (x) _____ quantity) = \$ _____

TOTAL = \$ _____

Payments can be made by check or credit card. Checks are to be made payable to **USA Gymnastics** and mailed to the address below.

Check #: _____ Amount: _____

Please complete the information below if paying by credit card.

Amount: _____

Card Type: Visa Discover MasterCard AMEX

Exp. Date: ____/____/____ Card #: _____

Billing Address: _____

Phone Number: _____ Signature of Cardholder: _____

Printed Name: _____

**Mail or fax Form and Fee to (Please include a copy of the online registration summary): USA Gymnastics – Acrobatic Gymnastics, 132 E. Washington St., Suite 700, Indianapolis, IN 46204
Fax: 317-237-5069**