2009 Acrobatic Gymnastics
Junior Olympic National Championships
Non-Competing Athlete Credential
Payment Form

Deadline: June 12, 2009

Name of Club: _____ Club #: _____

Parent Liaison: _____ Email: _____

Non-Competing Athlete Credential: ___$40/each___ (X) _____ = _____
(Quantity) (Total)

Athlete Name: _____ USAG #: _____

Athlete Name: _____ USAG #: _____

Athlete Name: _____ USAG #: _____

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:

USA Gymnastics - Acrobatic Gymnastics
132 E. Washington St., Suite 700
Indianapolis, IN 46204
Fax: (317) 237-5069