REGION 5 ACROBASICS CLINIC
REGISTRATION FORM

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

The Registration is December 11, 2009
All forms must be postmarked by this date.

Name of Club: _____

Head Coach: _____ USAG #: _____

Phone Number: _____ Email: _____

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

Coach	USAG #

*copy this page if additional space is needed.