



REGION 5 ATHLETE CLINIC

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

The Registration and Entry Fee Deadline is December 11, 2009
All forms and payments must be postmarked by this date.

Name of Club: _____

Head Coach: _____ USAG #: _____

Phone Number: _____ Email: _____

Additional Coaches Attending (USAG #): _____

Pair/Group Entries – complete the following information for each pair/group

| | ATHLETE NAMES | USAG # | DATE OF BIRTH (month/day/year) | LEVEL (circle one) | EVENT (circle one) | SKILLS TESTING (circle one) |
|---|---|---|---|--|-----------------------------|--------------------------------|
| 1 | _____ _____ _____ _____ _____ | _____ _____ _____ _____ _____ | _____ _____ _____ _____ _____ | Level 4 Level 5 Level 6 Level 7 Level 8 Level 9 Level 10 | WP MP MXP WG MG | Testing 10 Testing Elite |
| 2 | _____ _____ _____ _____ _____ | _____ _____ _____ _____ _____ | _____ _____ _____ _____ _____ | Level 4 Level 5 Level 6 Level 7 Level 8 Level 9 Level 10 | WP MP MXP WG MG | Testing 10 Testing Elite |
| 3 | _____ _____ _____ _____ _____ | _____ _____ _____ _____ _____ | _____ _____ _____ _____ _____ | Level 4 Level 5 Level 6 Level 7 Level 8 Level 9 Level 10 | WP MP MXP WG MG | Testing 10 Testing Elite |

*copy this page if additional space is needed.



REGION 5 ATHLETE CLINIC PAYMENT FORM

Print or Type all information, except where signature is required. Please send with registration form confirmation. One Check per club.

Name of Club _____

Coach Contact _____ Pro # _____

Entry fees must be postmarked by below deadline dates. No registrations will be accepted after December 11, 2009

Athlete Clinic: \$50 per athlete; Coaches: Free of Charge with current USA Gymnastics Professional Membership

\$50.00 x _____ = \$ _____

Make Checks Payable to USA Gymnastics Check #: _____

Charge: __ Visa __ Discover __ MasterCard __ AMEX

Exp. Date: ____/____

Card # _____ Amount _____

Signature of Cardholder _____

Printed Name _____

Mail or Fax Form and Fee to:

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