



January 18, 2010  
Tampa, FL

## ACROBASICS CLINIC REGISTRATION FORM

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

**The Registration is December 31, 2009**  
All forms must be postmarked by this date.

Name of Club: \_\_\_\_\_

Head Coach: \_\_\_\_\_ USAG #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Registration Fee:**                      **Coach: \$25.00\***

**\*USA Gymnastics Membership is required for all athletes and coaches participating in a USA Gymnastics sanctioned event:**

Introductory Coach Membership:  
[http://www.usa-gymnastics.org/PDFs/Member%20Services/ms\\_introcoachform.pdf](http://www.usa-gymnastics.org/PDFs/Member%20Services/ms_introcoachform.pdf)

**Athletes: Free of Charge with current USA Gymnastics Introductory Athlete Membership**  
[http://www.usa-gymnastics.org/PDFs/Member%20Services/ms\\_introathleteform.pdf](http://www.usa-gymnastics.org/PDFs/Member%20Services/ms_introathleteform.pdf)

Name	USAG #	Coach	Ath.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PAYMENT**

Form of payment (please circle one):                      CHECK                      CREDIT CARD  
Checks can be made payable to USA Gymnastics and must be included with mailed registration forms. Registration forms including credit card payments can be mailed or faxed.

Type of Card:    Visa / MasterCard / Discover / AmericanExpress

Name (as it appears on card) \_\_\_\_\_ Amount - \$25.00 per coach \_\_\_\_\_  
Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

***Return Registration Forms to:  
USAG –Acrobatic Gymnastics, 132 E. Washington St., Suite 700, Indianapolis, IN 46204  
(or) 317.237.5069 (fax)***