



11/12 Foreign Athletes, Coaches & Judges \$25

All persons participating in a USA Gymnastics sanctioned event must have a USA Gymnastics membership number. This includes all participants from countries other than the United States. The USA Gymnastics competition runs from August 1 to July 31. All memberships expire on July 31.

This form is valid August 1, 2011—July 31, 2012.

The cost for non-U.S. athletes, coaches and judges is \$25(USD) per participant. This is for insurance purposes only. They will not receive any other membership benefits. We must receive your request for membership numbers no later than forty-five (45) days before the meet or competition.

All USA Gymnastics inter-club competitions follow FIG guidelines, and require federation to federation approval before foreign sanctioning and foreign participant memberships are processed. Memberships will be given only to those individuals that are registered for foreign sanctioned events. This form must be filled out completely for processing.

Office Use Only

Number _____
 Rec'd Date _____
 Payment Amount _____
 Check Number _____
 Email sent date _____
 Approval _____
 By _____ Other _____

Contact Information — Please print clearly

Country of athletes, coaches & judges: _____
 Contact Name: _____ Contact Email: _____
 Telephone Number: _____ Fax Number: _____
 Name of Foreign Sanctioned Event you are attending: _____
 City of Meet: _____ State: _____ Dates of Meet: _____
 Event Director name: _____ Event Director email: _____

Payment Information: Memberships are NON-REFUNDABLE and NON-TRANSFERABLE. Foreign Athlete, Coach & Judge Membership registration fee is \$25 (USD) per participant. Full payment is required for processing. **Please print clearly and double-check your payment information for accuracy.**

If paying by international Money Order, please mail this form and payment to: USA Gymnastics, 132 E Washington St. Ste. 700, Indianapolis, IN 46204

If paying by credit card, please fax this form with payment information to USA Gymnastics Member Services, 317-692-5212



Visa _____ MasterCard _____ Discover _____ American Express _____

Card Number: _____ Exp: _____/_____/_____

Cardholder Name (PRINT): _____

Signature: _____

Cardholder Phone: (_____) _____

Email address for receipt: _____

Payment Totals:

Athletes Fee Total: _____

Coaches Fee Total: _____

Judges Fee Total: _____

I authorize a charge in the amount of

Total Charge: _____

Athlete, Coach & Judge Applicants — PLEASE PRINT CLEARLY

First/Given Name	Last/Family Name	Date of Birth (MM/DD/YYYY)	Athlete	Coach	Judge	M	F	Number

Once Processed, this form will be forwarded to the organizers of the meet you are attending

