



**Professional Development Certification Program
Women's Level I-IV Skill Development
Registration Form**

Registrant Name _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Birth Date (Required, Minimum age 15) _____ USAG Membership # _____

Club Name _____ Club Number _____

Current Occupation _____

Course Information: Instructor _____ Date _____

Location _____

City _____ State _____ Zip _____

- \$130 for Professional, Jr. Professional, Instructor or Athlete member** (*Member number must be on registration form*) - register online and save \$5 (<http://www2.usa-gymnastics.org/education/w-pdcpdescription.html>)
- \$180 for non-member** (*includes 1 year complimentary Instructor Membership*) **or other member types**
 - **Additional \$25 for late or onsite registration** (*mail/fax registration must be received 2 weeks prior to the course; online registration ends 1 week prior to the course.*)
 - **Registration is Ownership of the Individual and non-transferrable.**

Charge: VISA Discover MasterCard AMEX

Exp. Date _____/_____/_____ Amount _____

Card # _____

Signature of Card Holder _____

Printed Name _____ Phone Number _____

Make Checks Payable to **USA GYMNASTICS**

By submitting this form, you will be registered for the course listed above. You will not receive a confirmation from USA Gymnastics.

**USA Gymnastics - Educational Services
132 E. Washington Street
Suite 700
Indianapolis, IN 46204
Or fax: 317-692-5212 Attn: Educational Services**

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