



PRE-ELITE
PETITION FORM

Revised 11/2000

Name of Gymnast: _____

Birth Date: _____ Level & Age Division: _____ USAG #: _____

Club Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: () _____ E-mail Address: _____

Coach's Name: _____

I. SCORE VERIFICATION FROM PREVIOUS SEASON(S)

Name of meet & location	Scores	
	Compulsory	Optional
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Include copy of scoresheet

II. ELITE CLINICS ATTENDED

1. _____ Date: _____

2. _____ Date: _____

III. REQUEST BY COACH . . . List Gymnasts' skills and attributes

IV. REQUEST BY PARENT:

I, _____, request approval for my child _____ to enter the USAG Elite Program.

Signature: _____ Date: _____

Please forward Petitions to your Regional Elite Committee Chairman, with a copy to your Regional Technical Committee Chairman. Petitions must be received at least **1 month prior** to the first Regional Elite Meet your gymnast is expected to enter.

Upon request, coach and gymnast must be available for review by the Regional Committee or its representative.