



2010 WINTER CUP CHALLENGE
LV Sports Center, Las Vegas, Nevada, February 4-6

ADDITIONAL COACHES CREDENTIAL REQUEST FORM

Program Name: _____	Program/Gym Phone: () _____
Primary Coach Name: _____	Home Phone: () _____
Cell Phone: _____	Fax: () _____
Pro #: _____	Safety Exp: _____
E-mail address: _____	

Additional Coaches – programs are allowed one coach per athlete and a maximum of two coaches per program.

***Upon approval, one additional coaching credential per athlete may be purchased for \$50. Payment is due with this request.**

Name _____ Pro # _____ Safety Exp. _____ Email _____

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_____ Check payable to USA Gymnastics -- Enclosed Check Number: _____

_____ Credit Card -- VISA, MC, Discover, or American Express Expiration Date: _____

Card Number: _____

Name as it appears on card: _____

Authorized Signature Required

Please list the reason for needing an additional coach on the floor:
