



# ATHLETE TESTING REGISTRATION

5/5/2011 3:02 PM

**DEADLINE FOR REGISTRATION TO BE IN THE USA GYMNASTICS OFFICE IS  
TWO WEEKS PRIOR TO THE TEST DATE**

**Print or type all information, except where signatures are required**

TESTING SITE/DATE: \_\_\_\_\_

Athlete Membership # \_\_\_\_\_ **(Athlete must have current USA Gymnastics membership)**

Athlete Name \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ Age: \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

street

city

state

zip

Coach to contact: \_\_\_\_\_ Pro # \_\_\_\_\_

NAME OF CLUB \_\_\_\_\_ Phone \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

ADDRESS \_\_\_\_\_

street

city

state

zip

Tank Size: \_\_\_\_ Child Small \_\_\_\_ Child Medium \_\_\_\_ Child Large \_\_\_\_ Adult Small \_\_\_\_ Adult Medium

FEE: **\$40.00 per athlete**

Make checks payable to USA Gymnastics

**\*NO REFUNDS WILL BE ISSUED\***

Charge:    Other \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Account \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

Printed Name \_\_\_\_\_

**MAIL OR FAX FORM AND FEE TO:**

**Stephanie Schierholz  
USA Gymnastics  
132 E. Washington Street, Suite 700  
Indianapolis, IN 46204  
Fax: (317)237-5069**