



JUDGING ACCREDITATION REGISTRATION FOR EXAMINATION

Mailed and faxed Registration Forms must be RECEIVED by USA Gymnastics a minimum of two (2) weeks prior to the Exam Date. A late fee of \$10 per part is charged if registering within two weeks of the exam date. USA Gymnastics reserves the right to cancel any Exam Session with fewer than five (5) test part registrations.

RETURN TO:
CONNIE MALONEY
USA GYMNASTICS
132 E. WASHINGTON ST., SUITE
700
INDIANAPOLIS, IN 46204
OR FAX: 317.237.5069
cmaloney@usagym.org

APPLICATION INFORMATION

REGISTRANT NAME _____ DAYTIME PHONE _____
 MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____
 E-MAIL ADDRESS _____ SOCIAL SECURITY # (REQUIRED) _____
 BIRTH DATE (REQUIRED MINIMUM AGE, 16) _____ USAG MEMBERSHIP # _____
 CHECK HERE IF YOU WOULD LIKE TO RECEIVE TEST RESULTS VIA EMAIL. YOU WILL ALSO RECEIVE A HARD COPY OF YOUR RESULTS (PASS/FAIL).


EXAM INFORMATION

EXAM DATE _____ LOCATION _____
 TEST ADMINISTRATOR _____
 CHECK THE TEST PART(S) FOR WHICH YOU ARE REGISTERING (1ST WRITTEN EXAM AFTER AUG. 1 IS A1, THEN B1, A2, B2)

	LEVEL 5/6		LEVEL 7/8		LEVEL 9		LEVEL 10	
WRITTEN FORM A1/A2	A1	A2	A1	A2	A1	A2	A1	A2
WRITTEN FORM B1/B2	B1	B2	B1	B2	B1	B2	B1	B2
PRACTICAL	N/A							

* FOR YOUR FIRST WRITTEN EXAM AFTER AUGUST 1 OF EACH YEAR - SELECT FORM "A1"

PAYMENT INFORMATION

 OTHER _____
 CARD # _____ EXPIRATION DATE ____/____/____
 NUMBER OF EXAM PARTS _____ X \$20.00/PART (+ \$10 LATE FEE/PART _____) = TOTAL _____
 SIGNATURE OF CARDHOLDER _____
 PRINT NAME _____

MAKE CHECKS PAYABLE TO USA GYMNASTICS

CONTACT YOUR TEST ADMINISTRATOR FOR CONFIRMATION OF REGISTRATION *REGISTRATION IS THE OWNERSHIP OF THE INDIVIDUAL AND IS NON-REFUNDABLE

**** EXAMINEES MUST BRING ONE OF THE FOLLOWING TO THE TESTING SITE, OR YOU WILL NOT BE PERMITTED TO TAKE THE TEST:**

- RATING CARD, IF CURRENTLY RATED
- RESULTS LETTER, IF TAKING A RE-TEST
- EXEMPTION ELIGIBILITY FORM IF APPLICABLE