



Club Name: _____

USAG Club #: _____

Club Address: _____

Phone: _____ Fax: _____ Email: _____

*Make check payable to Orlando Gymnastics. Mail to: 11821 S. Orange Blossom Tr., Suite A, Orlando, FL 32837

	<u>COACHES ATTENDING</u>	<u>USAG#</u>	<u>Safety Exp. Date</u>	<u>Bkgd. Exp.</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Use one form per level

CIRCLE LEVEL: 1 2 3 4 5 6 7 8 9 10 XCEL Level: _____

	ATHLETE NAME	USAG #	BIRTHDATE	LEVEL	OFFICE USE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Level	# of athletes/teams			total
Levels 1-5, XBronze, XSilver, XGold	\$110	x	=	=
Levels 6-10, XPlatinum, XDiamond	\$130	x	=	=
Team fees	\$60	x	=	=

TOTAL AMOUNT DUE: