

**Region 1 Acrobatic Gymnastics Clinic  
January 30,31 2010  
Athlete and Coaches Registration Form**

**General Information**

Name of Team: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**All USAG Professional Memberships must be current to participate in clinic.**

**Coaches:      Team:** \_\_\_\_\_

<b>Last Name, First Name</b>	<b>USAG #</b>

**Athletes:**

Please register athletes online at <http://www3.usa-gymnastics.org/ireg/>

**Total Number of athletes** \_\_\_\_\_ **@ \$35 each =** \_\_\_\_\_

Clubs: Please make one check payable to Western Region Sports Acrobatics Association (WSA). Individual checks from athletes will not be accepted.

**Total:** \_\_\_\_\_ **Check #** \_\_\_\_\_

**Registration forms and fees are due Postmarked by January 13<sup>th</sup>, 2010**

**Mail to:**

**Bob Meier**

**422 Blossom Hill Road | San Jose | CA | 95123**