



State Clinic Registration

September 24th, 2017

Club Name: _____ **USAG Club #:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____

Clinic is free of charge and limited to 2 gymnasts per club to attend!

Coaches Name	USAG #	Safety Cert. Exp	Background Exp
Athlete Name	USAG#	DOB	US Citizen

Primary Business Address
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Plymouth, MN 55441

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