

MINNESOTA

Minnesota Men's USA Gymnastics Registration Form

Mail to:

Elite Gymnastics Academy C/O MN Men's USA Gymnastics 12500 Chowen Ave S Burnsville, MN 55337

Club Name:	
Address:	
City/State/Zip:	
Phone/Fax/Email:	

	Date:		USA
Coaches U	JSAG #	Exp	Safety Cert

Competitor Name	USAG	#	Level	Age		Date of Birth	US Citizen	
			-					
			-					
			-					
			+					
			+					
			+					
			+					
Total Level 3's	x \$20	\$		Region 4	x \$20	\$	<u> </u>	
Total Level 4's	x \$20	\$		Region 4	x \$20	\$		
Total Level 5's	x \$20	\$		Region 4	x \$20	\$		
Total Level 6's	x \$20	\$		Region 4	x \$20	\$	\$	
Total Level 7's	x \$20	\$		Region 4	x \$20	\$		
Total Level 8's	x \$20	\$		Region 4	x \$20			
Total Level 9's	x \$20	\$		Region 4	x \$20	\$		
Total Level 10's	x \$20	\$		Region 4	x \$20	\$		
				-				
Totals Gymnast's	x \$20	\$		Region 4	x_\$20	\$		

Payable to: MN Men's USA Gymnastics Check Amount: \$_____

^{*} If postmarked November 2nd or later, a \$5.00 late fee is required for each gymnast.