Pennsylvania State Clinic

Clinic Registration Form

Please return this form to Jill Morris, PO Box 60010, Harrisburg, PA 17106, by September 1.

Judges

Name	Rating	USAG Pro Number	Phone Number

Coaches **Club:**

Name	USAG Pro Number	Phone Number

Gymnasts **Club:**

Name	Competitive Level	USAG Number	Phone Number

Please list here, any skills on which you would like the clinicians to provide drill training.

Please use a second form if necessary. The fee is $50.00 for each gymnast.

Please make your check out to PAUSAG. Total enclosed:_____