

Pennsylvania State Clinic

Clinic Registration Form

Please return this form by **September 1, 2010** to:

Jill Morris
 Central Pennsylvania Academy of Gymnastics
 P.O. Box 60010
 Harrisburg, PA 17106

Club Name:			
Name of Coaches	USAG Pro Number	Safety Cert. Exp.	Phone Number

Please note: ALL gymnasts and coaches MUST have a current USA Gymnastics registration!

Name of Gymnasts	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. **(Sorry, NO refunds!)**

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

Please note that gymnast registration is limited to the first 75 gymnasts per day