



COMPETITION REGISTRATION FORM

GYM NAME: _____

ADDRESS: _____

COACH(ES): _____

PHONE: _____

E-MAIL: _____

COACH(ES): _____

USAG#(S): _____

	COMPETITOR	LEVEL	USAG#	B-DAY	T-Shirt Size
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

ALL LEVELS GYMNASTS: _____ X \$60.00 = \$ _____

OF TEAMS : _____ X \$35.00 = \$ _____

\$ _____ TOTAL FEES DUE

MAKE CHECK PAYABLE TO:

WOGA

1937 W. Parker Rd. Plano, TX 75023