



WOGA Classic Acro 2020

COMPETITION REGISTRATION FORM

(Submit this form before December 16, 2019)

Attending Club's Name: _____ USAG Club #: _____
 Street Address _____ E-mail: _____ Phone #: _____
 City: _____ State: _____ Zip: _____

Attending Coach	USAG#	USAG Exp	Safety Exp	Bkgd Exp

	COMPETITOR	DATE OF BIRTH	USAG#	DISCIPLINE	LEVEL or AGE GROUP
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

#OF GYMNASTS : _____ X \$125.00 = \$ _____
 #OF ADDITIONAL EVENTS GYMNASTS : _____ X \$40.00 = \$ _____

TOTAL FEES DUE: \$ _____

MAKE CHECK PAYABLE TO: WOGA Gymnastics • 1937 W. Parker Rd. • Plano, TX 75023
 Office 972.985.9292 • Fax 972.964.8209 • wogaclassic@woga.net