Acro for Autism: USAG Artistic Gymnastics

TEAM NAME:	USAG CLUB NUMBER:	
ADDRESS:		
CITY:	STATE:	ZIP:
E-MAIL:		
PHONE:	FAX:	

Coaches	USAG Number	Safety Exp.	Background Exp.

Athlete's Name	Birthdate	Level	Gender	USAG Number

Total Athletes in this Discipline: ____ x $____ = $____

Team Entry: Yes OR No ____ x $____ = $____

Total for Page: $____

Make all checks payable to: DGA Tampa
Entry Deadline Date: December 1, 2023

Credit Card Payment Information: (Visa or MasterCard Only)

Card Number:	
Name as it appears on credit card:	
Billing Zip Code:	Expiration Date:
Signature:	