



# Acro for Autism: USAG Trampoline & Tumbling

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

Coaches	USAG Number	Safety Exp.	Background Exp.

Athlete's Name	Birthdate	DMT	TR	TU	Gender	USAG Number

Total Athletes in this Discipline:  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:	