

# *Northern California Women's Gymnastics Association*

## 2018-2019 CLUB ROSTER

DATE \_\_\_\_\_

CLUB NAME \_\_\_\_\_ USA GYMNASTICS CLUB NO. \_\_\_\_\_ ZONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

NO.	GYMNAST	USAG NO.	LEVEL	BIRTHDATE	U.S. CITIZEN?
1					
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***Send this form, or one with the same information, along with the \$12 per individual membership fees to your Zone Representative.***