

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?
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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.