



JUDGING ACCREDITATION REGISTRATION FOR EXAMINATION

Mailed and faxed Registration Forms must be RECEIVED by USA Gymnastics a minimum of two (2) weeks prior to the Exam Date. USA Gymnastics reserves the right to cancel any Exam Session with fewer than five (5) test part registrations.

RETURN TO:

RACHEL BRAZO
USA GYMNASTICS
201 S. CAPITOL AVE. SUITE 300
INDIANAPOLIS, IN 46225
OR FAX: 317.237.5069
rbrazo@usa-gymnastics.org

APPLICATION INFORMATION

REGISTRANT NAME _____ DAYTIME PHONE _____
 MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____
 E-MAIL ADDRESS _____ SOCIAL SECURITY # (REQUIRED) _____
 BIRTH DATE (REQUIRED MINIMUM AGE, 16) _____ USAG MEMBERSHIP # _____

CHECK HERE IF YOU WOULD LIKE TO RECEIVE TEST RESULTS VIA EMAIL. IN CHOOSING THIS OPTION, RESULTS WOULD BE RECEIVED ONLY BY EMAIL AND NOT VIA REGULAR STREET MAIL. WE SUGGEST YOU DO NOT CHOOSE THIS OPTION IF YOU HAVE A SHARED EMAIL ADDRESS.

EXAM INFORMATION

EXAM DATE _____ LOCATION _____
 TEST ADMINISTRATOR _____

CHECK THE TEST PART(S) FOR WHICH YOU ARE REGISTERING

	LEVEL 5/6		LEVEL 7/8		LEVEL 9		LEVEL 10	
WRITTEN FORM A/A2	A1	A2	A1	A2	A1	A2	A1	A2
WRITTEN FORM B/B2	B1	B2	B1	B2	B1	B2	B1	B2
PRACTICAL								

* FOR YOUR FIRST WRITTEN EXAM - SELECT FORM "A1"

PAYMENT INFORMATION

VISA OTHER _____
 CARD # _____ EXPIRATION DATE ____/____/____
 NUMBER OF EXAM PARTS _____ X \$20.00/PART = TOTAL _____
 SIGNATURE OF CARDHOLDER _____ PRINT NAME _____

MAKE CHECKS PAYABLE TO **USA GYMNASTICS**

* CONTACT YOUR TEST ADMINISTRATOR FOR CONFIRMATION OF REGISTRATION * REGISTRATION IS THE OWNERSHIP OF THE INDIVIDUAL AND IS NON-REFUNDABLE

** CANDIDATES **MUST** BRING ONE OF THE FOLLOWING TO THE TESTING SITE, OR YOU WILL NOT BE PERMITTED TO TAKE THE TEST

- CURRENT RATING CARD
- RESULTS LETTER
- EXEMPTION ELIGIBILITY FORM