

# PTAU TEAM REGISTRATION FORM

Team registration form

Team fee of \$100 (Discounted \$50 if present at State Meeting) **Make**

**checks payable to USA GYMNASTICS .**

Mailing Address:

2639 W 1900 N Farr West UT 84404

Gym Name: \_\_\_\_\_

USAG # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Gym address if different: \_\_\_\_\_

Head Coach: \_\_\_\_\_

USAG # \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Team Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_