



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
132 E. WASHINGTON ST. SUITE 700
INDIANAPOLIS, IN 46204
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. YOU WILL ALSO RECEIVE A HARD COPY OF YOUR RESULTS.

EXAM INFORMATION

EXAM DATE _____ LOCATION _____

TEST ADMINISTRATOR _____

CHECK THE TEST PART(S) FOR WHICH YOU ARE REGISTERING (1ST TESTING AFTER AUG. 1 IS A1, THEN B1, A2, B2)

	LEVEL 5/6		LEVEL 7/8		LEVEL 9		LEVEL 10	
WRITTEN FORM A1/A2	A1	A2	A1	A2	A1	A2	A1	A2
WRITTEN FORM B1/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

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

- RATING CARD, IF CURRENTLY RATED
- RESULTS LETTER IF TAKING A RE-TEST
- EXEMPTION ELIGIBILITY FORM IF APPLICABLE