



USA Gymnastics

**National Congress**

**Trade Show** St. Louis, MO • 2020  
usagymcongress.org

# MEMBER CLUB REGISTRATION FORM

## REGISTRATION DETAILS

### **PRE-REGISTRATION ENDS JUNE 11!**

Use this form for Member Club group registration only.

#### **Registration Details:**

- Please provide a name, personal contact information, and valid personal email address for each registrant
- In order to receive the Member Club tiered pricing the club **MUST** be a current USA Gymnastics Member Club, but the individuals registered are **NOT** required to be members of USA Gymnastics
- Only current Instructor, Professional, Jr. Professional and Athlete (14 years and older) members will receive University credit and a certificate for the completion of the course. Certificates can be obtained after the course on "My Profile" page of usagym.org.

#### **Individual registration includes:**

- Congress credential for access to educational sessions during June 25-28, 2020
- Access to National Trade Show Hall



For Your Hotel and Travel Needs, Contact **NATIONAL TRAVEL SYSTEMS**  
sportsinfo@nationaltravelsystem.com. Or call 1.888.603.8747 or 806.794.3135  
www.ntssportstravel.com

Visit **www.USAGymCongress.org**  
for registration and complete details  
regarding National Congress schedules, activities and policies.



**USA GYMNASTICS.**

## CLUB CONTACT INFORMATION

Please print. All fields required.

Club Name \_\_\_\_\_ USA Gymnastics Member Club No. \_\_\_\_\_  
Club Contact \_\_\_\_\_  
Email Address \_\_\_\_\_ Fax # \_\_\_\_\_  
Club Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

## PAYMENT INFORMATION

**Total Congress Registrants:** \_\_\_\_\_ **TOTAL PAYMENT:** \_\_\_\_\_

Please print. All fields required.

Credit Card \_\_\_\_\_ Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Signature \_\_\_\_\_  
Print Cardholder Name \_\_\_\_\_  
Email Address for credit card receipt \_\_\_\_\_

### Return completed form and payment to:

USA Gymnastics, 130 E. Washington St. Ste. 700, Indianapolis, IN 46204 or by fax: 317.692.5212, Attention: Member Services

SUBSTITUTION/TRANSFER POLICY: To transfer/substitute registration to another person please email membership@usagym.org. Substitution/Transfer request received after May 15, 2020 will result in a \$30 substitution/transfer fee.

CANCELLATION/REFUND POLICY: all cancellations must be received in writing to membership@usagym.org. Cancellations request received prior to May 15, 2020 will result in a registration refund less \$30/cancelled registration. Cancellation request received after May 15, 2020 will result in a registration refund less 50%/cancelled registration. Refund total will be determined by the total number of registrants (if registered as a group) and lowest amount paid will be refunded. NO REFUNDS after July 14, 2020.

## USA GYMNASTICS MEMBER REGISTRANT 1

office use only: Reg # \_\_\_\_\_ \$ \_\_\_\_\_

### CONGRESS REGISTRATION - \$215

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ USA Gymnastics Membership No. \_\_\_\_\_  
Individual Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Individual Email Address \_\_\_\_\_

## USA GYMNASTICS MEMBER REGISTRANT 2

office use only: Reg # \_\_\_\_\_ \$ \_\_\_\_\_

### CONGRESS REGISTRATION - \$200

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ USA Gymnastics Membership No. \_\_\_\_\_  
Individual Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Individual Email Address \_\_\_\_\_

## USA GYMNASTICS MEMBER REGISTRANT 3

office use only: Reg # \_\_\_\_\_ \$ \_\_\_\_\_

### CONGRESS REGISTRATION - \$185

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ USA Gymnastics Membership No. \_\_\_\_\_  
Individual Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Individual Email Address \_\_\_\_\_

## USA GYMNASTICS MEMBER REGISTRANT 4

office use only: Reg # \_\_\_\_\_ \$ \_\_\_\_\_

### CONGRESS REGISTRATION - \$170

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ USA Gymnastics Membership No. \_\_\_\_\_  
Individual Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Individual Email Address \_\_\_\_\_

## USA GYMNASTICS MEMBER REGISTRANT 5

office use only: Reg # \_\_\_\_\_ \$ \_\_\_\_\_

### CONGRESS REGISTRATION - \$155

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ USA Gymnastics Membership No. \_\_\_\_\_

Individual Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Individual Email Address \_\_\_\_\_

## USA GYMNASTICS MEMBER REGISTRANT 6

office use only: Reg # \_\_\_\_\_ \$ \_\_\_\_\_

### CONGRESS REGISTRATION - \$155

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ USA Gymnastics Membership No. \_\_\_\_\_

Individual Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Individual Email Address \_\_\_\_\_

## USA GYMNASTICS MEMBER REGISTRANT 7

office use only: Reg # \_\_\_\_\_ \$ \_\_\_\_\_

### CONGRESS REGISTRATION - \$155

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ USA Gymnastics Membership No. \_\_\_\_\_

Individual Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Individual Email Address \_\_\_\_\_

## USA GYMNASTICS MEMBER REGISTRANT 8

office use only: Reg # \_\_\_\_\_ \$ \_\_\_\_\_

### CONGRESS REGISTRATION - \$155

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ USA Gymnastics Membership No. \_\_\_\_\_

Individual Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Individual Email Address \_\_\_\_\_

## USA GYMNASTICS MEMBER REGISTRANT 9

office use only: Reg # \_\_\_\_\_ \$ \_\_\_\_\_

### CONGRESS REGISTRATION - \$155

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ USA Gymnastics Membership No. \_\_\_\_\_

Individual Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Individual Email Address \_\_\_\_\_

## USA GYMNASTICS MEMBER REGISTRANT 10

office use only: Reg # \_\_\_\_\_ \$ \_\_\_\_\_

### CONGRESS REGISTRATION - \$155

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ USA Gymnastics Membership No. \_\_\_\_\_

Individual Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Individual Email Address \_\_\_\_\_

## USA GYMNASTICS MEMBER REGISTRANT 11

office use only: Reg # \_\_\_\_\_ \$ \_\_\_\_\_

### CONGRESS REGISTRATION - \$155

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ USA Gymnastics Membership No. \_\_\_\_\_

Individual Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Individual Email Address \_\_\_\_\_

## USA GYMNASTICS MEMBER REGISTRANT 12

office use only: Reg # \_\_\_\_\_ \$ \_\_\_\_\_

### CONGRESS REGISTRATION - \$155

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ USA Gymnastics Membership No. \_\_\_\_\_

Individual Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Individual Email Address \_\_\_\_\_