

KICK START ATHLETE MEMBERSHIP FORM

Club Name _____ Club Phone _____

Coaches Name _____ USAG # _____

Email Address (Please Print) _____

Athlete Name	USAG #	DOB

Fee Calculation:

of gymnasts _____ x \$15 = \$ _____

Make check payable to: **Michigan Gymnastics**

Mail to: Gym America
Att. Jamie Hrycaj
4611 Platt Rd. Ann Arbor, MI 48108