JUDGING ACCREDITATION
REGISTRATION FOR EXAMINATION

Revised January 1, 2018

Mailed and faxed Registration Forms must be RECEIVED by USA Gymnastics a minimum of two (2) weeks prior to the Exam Date. A late fee of $10 per part is charged if registering within two weeks of the exam date. USA Gymnastics reserves the right to cancel any Exam Session with fewer than five (5) test part registrations.

RETURN TO:
CONNIE MALONEY
USA GYMNASTICS
130 E. WASHINGTON ST. , SUITE 700
INDIANAPOLIS, IN 46204
OR FAX: 317.237.5069
cmaloney@usagym.org

APPLICATION INFORMATION

REGISTRANT NAME_____ USA GYM MEMBERSHIP # _____
First Last

MAILING ADDRESS_____CITY _____

STATE_____ ZIP_____ E-MAIL ADDRESS_____

DAYTIME PHONE (_____)_____

BIRTH DATE (REQUIRED MINIMUM AGE, 16) _____ GENDER: FEMALE _____ MALE _____
(MM/DD/YYYY)

EXAM INFORMATION

EXAM DATE _____ LOCATION (CITY/STATE) _____

TEST ADMINISTRATOR _____

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

	LEVEL 4/5		LEVEL 6/7/8		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	N/A							

* FOR YOUR FIRST WRITTEN EXAM AFTER AUGUST 1 OF EACH YEAR - SELECT FORM "A1" IF RE-TEST IS NECESSARY, SELECT B1

PAYMENT INFORMATION

☐ VISA ☐ OTHER _____

CARD # _____ EXPIRATION DATE _____/_____

NUMBER OF EXAM PARTS _____ X $25.00/PART (+ $10 LATE FEE PER EXAM PART = _____) = TOTAL _____

SIGNATURE OF CARDHOLDER_____ PRINT NAME _____

ADDRESS _____ STATE _____ ZIP CODE _____

E-MAIL _____ (Enter address & e-mail if cardholder is different than applicant)

MAKE CHECKS PAYABLE TO USA GYMNASTICS

CONFIRMATION OF REGISTRATION IS SENT VIA E-MAIL

* 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:**

- **PHOTO ID CARD/LICENSE**
- **RATING CARD, IF CURRENTLY RATED**