

# 2008 Acrobatic Gymnastics National Championships Merchandise/Ticket Order Form

Print or type all information, except where signature is required.  
One form per club.

Deadline is Friday, June 27, 2008

Name of Club: \_\_\_\_\_ Club #: \_\_\_\_\_

Coach Contact: \_\_\_\_\_ Pro #: \_\_\_\_\_

## T-Shirt Fee:

Child/Adult Short Sleeve Event T-Shirt \$15/each (x) \_\_\_\_\_ (quantity) = \$ \_\_\_\_\_

Child/Adult Baby Tee Event T-Shirt \$18/each (x) \_\_\_\_\_ (quantity) = \$ \_\_\_\_\_

Child/Adult Long Sleeve Event T-Shirt \$20/each (x) \_\_\_\_\_ (quantity) = \$ \_\_\_\_\_

Adult Event Polo \$27/each (x) \_\_\_\_\_ (quantity) = \$ \_\_\_\_\_

## Ticket Fee:

Closing Party Ticket \$35/each (x) \_\_\_\_\_ (quantity) = \$ \_\_\_\_\_

**TOTAL = \$ \_\_\_\_\_**

Payments can be made by check or credit card. Checks are to be made payable to **USA Gymnastics** and mailed to the address below.

Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

**Please complete the information below if paying by credit card.**

Amount: \_\_\_\_\_

Card Type:  Visa  Discover  MasterCard  AMEX

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Card #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Mail or fax Form and Fee to (Please include a copy of the online registration summary):**

USA Gymnastics - Acrobatic Gymnastics  
201 S. Capitol Ave., Ste. 300  
Indianapolis, IN 46225  
Fax: (317) 237-5069

