

# WGBA Registration Form

*Please fill out the information below and return it with your \$50 membership fee paid by cash or check (payable to WGBA) to WGBA's 2011-2012 Membership Director, Kathy Doyle.*

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Gymnast's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*By signing this document, I acknowledge and accept the conditions of membership in WGBA.*

Parent(s)/Guardian(s) Signature: \_\_\_\_\_