



# Big Wheel Weekend

Willye B. White Park - 1610 W. Howard, Chicago, IL 60626

October 9, 10, 11, 2015

## Registration Form

A - B - C - D - E - F - G - H - I - J - K please circle your choice

Refer to Classes and Workshops Handout

Participant \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_ Country: \_\_\_\_\_

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

Does participant:

- have medical insurance? \_\_\_\_\_ No \_\_\_\_\_ Yes

- have any current medical conditions that warrant special treatment or precautions during training? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please describe: \_\_\_\_\_

Date of birth: \_\_\_\_\_

T-Shirt size : S, M , L, XL ( please circle)

USA Wheel Gymnastics Federation Membership Fee \_\_\_\_\_ (Every participant during this weekend - coaches & judges (\$30/yr) athletes (\$50/yr) need to be a member of the USA WGF for 2015.)

Fee for Clinic \_\_\_\_\_ Fee for Certificate \_\_\_\_\_

Payment Method: Bank wire \_\_\_\_\_ PAY PAL : chgowolf@hotmail.com \_\_\_\_\_ Mail Check: \_\_\_\_\_

Business Office Mailing Address  
P.O. Box 16128  
Ludlow, KY 41016  
U.S.A.

Please describe current level of judging/coaching / experience:

THANK YOU!