

Legal Club Name:		
Physical Club Address:	City/Town:	Postal Code:
Mailing Address: <input type="checkbox"/> Same as above	City/Town:	Postal Code:
Club Telephone #:	Club Email:	Website:
Facebook	Twitter	Instagram
Incorporation: <input type="checkbox"/> Private Business <input type="checkbox"/> Private Business with independent, non-profit advisory board <input type="checkbox"/> Non-profit <input type="checkbox"/> Non-profit parent advisory board		Club set-up (select one) <input type="checkbox"/> Set-up and tear-down <input type="checkbox"/> Full-time set-up <input type="checkbox"/> Set-up for part of the year <input type="checkbox"/> Other: _____
Club Contact Information The contact(s) below will receive all AGF communications. Club contact person below is expected to distribute AGF communications to appropriate club personnel		
1. Full Name:	Phone number:	Email:
2. Full Name:	Phone number:	Email:
3. Full Name:	Phone number:	Email:
Competitive Programs Offered:		
<input type="checkbox"/> Women's Artistic <input type="checkbox"/> Men's Artistic <input type="checkbox"/> Trampoline <input type="checkbox"/> Acrobatic		
Developmental Program Offered: (Reference Coach & Athlete Registration Categories)		
<input type="checkbox"/> ATDP <input type="checkbox"/> CanJump <input type="checkbox"/> Demo <input type="checkbox"/> Gymnaestrada <input type="checkbox"/> Interclub <input type="checkbox"/> JO 1-3* JO 3 athletes not attending Alberta Compulsories		
Gymnastics for All Programs Offered: (Reference Coach & Athlete Registration Categories)		
<input type="checkbox"/> Active Start <input type="checkbox"/> CanGym <input type="checkbox"/> Parent & Tot <input type="checkbox"/> Camps <input type="checkbox"/> Adult Gymnastics <input type="checkbox"/> Special Needs <input type="checkbox"/> Drop-In <input type="checkbox"/> Birthday Parties		
NAME OF TWO ELECTED OFFICERS (President/Treasurer/Vice Chair/Secretary/Owner/General Manager. etc)		
1. Full Name:	2. Full Name:	
Position: Owner / President	Position:	
Phone Number:	Phone Number:	
Email:	Email:	

Main Club Personnel

By completing the information below, the club is providing consent for AGF to send communication as indicated below.

Legal Club Name:		
President/Owner:	Phone #	Email: Receive AGF electronic communication about: <input type="checkbox"/> General <input type="checkbox"/> GFA <input type="checkbox"/> NCCP <input type="checkbox"/> WAG <input type="checkbox"/> MAG <input type="checkbox"/> T&T <input type="checkbox"/> ACRO
Club Administrator:	Phone #	Email: Receive AGF electronic communication about: <input type="checkbox"/> General <input type="checkbox"/> GFA <input type="checkbox"/> NCCP <input type="checkbox"/> WAG <input type="checkbox"/> MAG <input type="checkbox"/> T&T <input type="checkbox"/> ACRO
Registrar:	Phone #	Email: Receive AGF electronic communication about: <input type="checkbox"/> General <input type="checkbox"/> GFA <input type="checkbox"/> NCCP <input type="checkbox"/> WAG <input type="checkbox"/> MAG <input type="checkbox"/> T&T <input type="checkbox"/> ACRO
MAG Competitive Coordinator/Head Coach:	Phone #	Email: Receive AGF electronic communication about: <input type="checkbox"/> General <input type="checkbox"/> GFA <input type="checkbox"/> NCCP <input type="checkbox"/> WAG <input type="checkbox"/> MAG <input type="checkbox"/> T&T <input type="checkbox"/> ACRO
WAG Competitive Coordinator/Head Coach:	Phone #	Email: Receive AGF electronic communication about: <input type="checkbox"/> General <input type="checkbox"/> GFA <input type="checkbox"/> NCCP <input type="checkbox"/> WAG <input type="checkbox"/> MAG <input type="checkbox"/> T&T <input type="checkbox"/> ACRO
T&T Competitive Coordinator/Head Coach:	Phone #	Email: Receive AGF electronic communication about: <input type="checkbox"/> General <input type="checkbox"/> GFA <input type="checkbox"/> NCCP <input type="checkbox"/> WAG <input type="checkbox"/> MAG <input type="checkbox"/> T&T <input type="checkbox"/> ACRO
Acro Competitive Coordinator/Head Coach:	Phone #	Email: Receive AGF electronic communication about: <input type="checkbox"/> General <input type="checkbox"/> GFA <input type="checkbox"/> NCCP <input type="checkbox"/> WAG <input type="checkbox"/> MAG <input type="checkbox"/> T&T <input type="checkbox"/> ACRO
Gymnastics for All Coordinator/Head Coach:	Phone #	Email: Receive AGF electronic communication about: <input type="checkbox"/> General <input type="checkbox"/> GFA <input type="checkbox"/> NCCP <input type="checkbox"/> WAG <input type="checkbox"/> MAG <input type="checkbox"/> T&T <input type="checkbox"/> ACRO
Finance Coordinator/Treasure/Bookkeeper:	Phone #	Email: Receive AGF electronic communication about: <input type="checkbox"/> General <input type="checkbox"/> GFA <input type="checkbox"/> NCCP <input type="checkbox"/> WAG <input type="checkbox"/> MAG <input type="checkbox"/> T&T <input type="checkbox"/> ACRO