

To: Great Lakes YMCA Zone Gymnastics Committee
From: _____
Date: _____
Re: approval to become a member of the Great Lakes YMCA
Zone Gymnastics Committee

Please fill in the following information for the Zone Committee:

Name _____

Address _____

home phone _____ cell phone _____

YMCA representing _____

YMCA address _____

YMCA phone _____ fax number _____

current YMCA position: (check) coach _____ professional staff member _____

number of years with the YMCA Gymnastics program _____

e-mail address _____

Gymnastics background _____

Executive Director (print) _____

Executive Director (signed) _____