



Region 8 TOPs Registration Form



January 3-4, 2004 TOPs / Clinic

SITE: TBD

Clinic Fee: \$50 per gymnast, \$50 per coach (free if gymnast registered for clinic)

Deadline December 5, 2003

\$25 late fee per gymnast / coach

LIMITED VIEWING FOR PARENTS - FIRST COME-FIRST SERVED

ENTRIES WITHOUT PAYMENT or USAG NUMBERS WILL NOT BE PROCESSED!

Team Name _____ Email: _____

Team Address _____ Phone: _____

City: _____ State _____ Zip: _____ Fax: _____

Team USAG Number: _____

Coach _____ USAG# _____ Exp. Date _____ Safety Exp. Date _____

Coach _____ USAG# _____ Exp. Date _____ Safety Exp. Date _____

ATHLETE NAME	USAG #	AGE AS OF 12/31/2003	DATE OF BIRTH	CLINIC 1/3-4/04
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Number of **GYMNASTS** for TOPs Clinic - January 3-4, 2004 _____ x \$ 50.00 = _____
(Coaches free with registered athletes)

Number of **COACHES** without registered athletes _____ x \$ 50.00 = _____
(for TOPs Clinic in January 3-4, 2004)

LATE FEE \$25.00 PER GYMNAST/COACH registered after **deadline date.** _____ x \$ 25.00 = _____

TOTAL \$ _____

Make check payable to Region 8 USAG. One Check per club. No personal checks.

MAIL ENTRY FORM to: James Linderholm, 3060 Leeman Ferry Road, Huntsville, AL 35801