



ELITE COMPETITION ENTRY FORM



December 18-19 Elite / TOPs Clinic
 American Twisters
 Coconut Creek, FL \$100.00
 DEADLINE: November 17, 2004

Team Name: _____

Email: _____ @ _____ Phone: _____

Team Address: _____ Fax #: _____

City: _____ State: _____ Zip: _____

1. Coach/Judge _____ USAG # _____ Exp. Date _____

2. Coach _____ USAG # _____ Exp. Date _____

3. Coach _____ USAG # _____ Exp. Date _____

4. Coach _____ USAG # _____ Exp. Date _____

I give my permission for the above information to be used in the Region 8 Address book.
 _____ Signature

Competitor Name	Athlete Registration #	Nat. Test	OPT.	Date of Birth
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				

Number of **GYMNASTS** for **Optional Competition** _____ x \$100.00 = _____

Number of Coaches/National and below rated judges without registered gymnast _____ x \$60.00 = _____

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

Number of Brevet Judges _____ x \$00.00 = _____

TOTAL AMOUNT \$ _____

MAKE CHECK PAYABLE TO REGION 8 USAG. ONE CHECK PER CLUB. NO PERSONAL CHECKS.

MAIL ENTRY FORM

WITH CHECK TO: **Deb Kornegay** • 394 Stonebridge Road • Birmingham, AL 35210

MAIL COPY OF FORM TO: **Toni Rand** • 6805 Lyons Technology Circle, Coconut Creek, FL 33073

OR FAX TO (954) 755-1750