



Region 8 TOPs Registration Form

Check each box that applies



TOPs Testing
 5/29, 6/12, 6/13, 6/26
 7/9, 7/10, 7/11 or 7/23
 \$35 **Deadline 30 days before test**
 \$25 late fee per gymnast
 Mail Entry form and check to site
 of testing (see Testing Schedule)

TOPs / Clinic
 Ga. Academy of Atl. - Kennesaw
 September 11-12, 2004
 \$60 - [Same Fee for 1 or 2 days]
Deadline August 10th
 \$25 late fee per gymnast / coach
 Mail Entry form and check to
 Toni Rand (See address below)

ELITE / TOPs Clinic
 Amer. Twisters Gymn. - FL
 December 18-19, 2004
 \$100 - [Same Fee for 1 or 2 days]
Deadline November 17th
 \$25 late fee per gymnast / coach
 Mail Entry form and check to
 Toni Rand (See address below)

**ALL TESTINGS ARE ON A
 1st COME—1st SERVE BASIS!**

**ENTRIES WITHOUT PAYMENT, USAG NUMBERS
 or COMPLETED FORMS 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	1st Test, Clinic or 2nd Test (Please check above.)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Number of **GYMNASTS** for TOPs Testing - Date: _____ x \$35.00 = _____

Number of **GYMNASTS** for TOPs Clinic - Sept. 11-12, 2004 _____ x \$60.00 = _____
 (Coaches free with registered athletes)

Number of **COACHES** without registered athletes - Date _____ x \$60.00 = _____
 (for TOPs Clinic Sept. 11-12, 2004 or Elite/TOPs Clinic Dec. 18-19,2004)

Number of **GYMNASTS** for ELITE / TOP's Clinic - Dec. 18-19, 2004 _____ x \$100.00 = _____

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.**

**REMEMBER: TOPs Testing requires
 TOPs forms from TOPs manual also!!**

**MAIL TESTING ENTRY FORM to: Testing Site (See TOPs Testing schedule for address)
 MAIL CLINIC ENTRY FORM to: Toni Rand, 6808 Lyons Technology Circle, Coconut Creek, FL 33073**