



ELITE COMPETITION ENTRY FORM



CHECK ALL THAT APPLY

Feb. 27 Nat'l. Test /Opt. Comp.
Charleston Classic
Charleston, SC \$75.00
DEADLINE: Feb. 1, 2004

April 16 Optional Comp.
Level 8 Regional Meet Site
Tampa, FL \$75.00
DEADLINE: March 15, 2004

April 17 Testing Comp.
Lightning City
Tampa, FL \$75.00
DEADLINE: March 15, 2004

Team Name: _____

Email: _____ @ _____ Phone: _____

Team Address: _____ Fax #: _____

City: _____ State: _____ Zip: _____

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

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

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

4. Coach _____ USAG # _____ Exp. Date _____ Safety 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 \$75.00 = _____

Number of **GYMNASTS** for **Nat. Test. Competition** _____ x \$75.00 = _____

NOTE: **TOTAL AMOUNT \$** _____

Gymnasts competing National Testing and Optional competition **pay only one fee of \$75.00** per gymnast

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

ELITE MEET - 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