



Region 8 TOPs Registration Form

Check each box that applies



TOPs Testing
TBD
Friday, June 11, 2004
\$35 *Deadline May 10th*
\$25 late fee per gymnast

TOPs / Clinic
TBD
June 12 - 13, 2004
\$100 - [Same Fee for 1 or 2 days]
Deadline May 10th
\$25 late fee per gymnast / coach

TOPs Testing
Lightning City Gymn.
Tampa, Florida
July 9, 2004
\$35 *Deadline May 20th*
\$25 late fee per gymnast
Held with Region 8
Future Stars Training Camp

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

**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	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 - June 11, 2004 _____ x \$ 35.00 = _____

Number of **GYMNASTS** for TOPs Clinic - June 12-13, 2004 _____ x \$100.00 = _____
 (Coaches free with registered athletes)

Number of **COACHES** without registered athletes _____ x \$ 50.00 = _____
 (for TOPs Clinic in June 12-13, 2004)

Number of **GYMNASTS** for TOP's Testing July 9, 2004 _____ x \$ 35.00 = _____

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 ENTRY FORM to: Debby Kornegay, 394 Stonebridge Road, Birmingham, AL 35210