

# Region 8 TOPs / Elite Clinic Registration

- 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)**

**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 12/31/2004	DATE OF BIRTH
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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.**

**MAIL CLINIC ENTRY FORM to: Toni Rand, 6808 Lyons Technology Circle, Coconut Creek, FL 33073**