

PLEASE USE ONE (1) FORM PER PERSON

# COACHES & JUDGES OPTIONAL UPDATE

October 14-16, 2005 with Level 9, 10 & Elite Training Camp

**AUBURN, AL**

FOR INFORMATION CONTACT: SHEILA RAGLE, DEB KORNEGAY, or MARIAN DYKES

NAME: \_\_\_\_\_

USAG #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ SAFETY EXP.: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY

STATE

ZIP

PHONES: \_\_\_\_\_

HOME

WORK

CELL

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_ @ \_\_\_\_\_

GYM AFFILIATION: \_\_\_\_\_ JUDGES RATING: \_\_\_\_\_

I WILL OR  I WILL NOT ATTEND THE BANQUET. (Please check one)

I give permission to publish this information: \_\_\_\_\_

Signature

**\$110** Early Registration by August 20th

**\$150** After August 20th and on site

Please make checks payable to: Region 8 Congress

**MAIL REGISTRATION TO:**

**SHEILA RAGLE**

*Region 8 Optional Update*

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**FOR OFFICE USE ONLY:**

DATE RECEIVED:	AMOUNT RECEIVED:	CHECK #:	PAID BY: