

ELITE / TOPS CLINIC & COMPULSORY TESTING ENTRY FORM 6

JANUARY 7-8, 2006

Starlight Gymnastics - Jacksonville, FL



FEE: TOPS Clinic	\$75.00
Pre-Elite Clinic (no testing)	\$100.00
Elite Competition Testing Only	\$100.00
Competition & Pre-Elite Clinic	\$150.00



*Deadline: December 1, 2005 \$25 late fee per gymnast
Entry on first come basis so **ENTER EARLY***

Team Name: _____ Date: _____
 Club USAG #: _____ Phone: _____
 Team Address: _____ Fax #: _____
 City: _____ State: _____ Zip: _____
 1. Coach _____ USAG # _____ Exp. Date _____ Safety Exp. Date _____
 2. Coach _____ USAG # _____ Exp. Date _____ Safety Exp. Date _____

Competitor Name	Athlete #	Clinic	Competition	TOPs	Elite	Date of Birth
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						

Number of GYMNASTS for

TOPS Clinic	_____ x \$75.00 = _____
Pre-Elite Clinic (no testing)	_____ x \$100.00 = _____
Elite Competition Testing Only	_____ x \$100.00 = _____
Elite Competition & Pre-elite clinic	_____ x \$150.00 = _____
Coaches & Judges Without athletes attending	_____ x \$50.00 = _____

Late fee per gymnast _____ x \$25.00 = _____

TOTAL AMOUNT \$ _____

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

**MAIL ENTRY FORM
WITH CHECK TO:**

Deb Kornegay • 394 Stonebridge Road • Birmingham, AL 35210

**MAIL COPY OF FORM TO:
OR FAX TO:**

**Toni Rand • 6805 Lyons Technology Circle, Coconut Creek, FL 33073
(954) 725-9157**