

# 2006 REGION 8 TRAINING CAMP

OCTOBER 6-8, 2006

Level 9, 10 & Elite

Ultimate Gymnastics - Suwanee, Georgia

**Camp is full for Athletes**

## HOTEL INFORMATION

### HAMPTON INN

\$79.00 per night

6010 Sugarloaf Parkway, Lawrenceville, GA

**678-407-0018**

*Group: Ultimate Gymnastics*

### HILTON GARDEN INN

\$79.00 per night

2040 Sugarloaf Circle, Duluth, GA

**770-495-7600**

*Group: Ultimate Gymnastics*

## TRAINING CAMP & JUDGES SCHEDULE

(ALL COACHES AND JUDGES SESSIONS WILL BE HELD AT THE GYM)

### FRIDAY - October 6

3:00\* - 3:50

Registration at Ultimate Gymnastics

\* Volunteer Coaches and Judges should report to Ultimate Gym by 3:00

4:00 - 4:30

Introduction & warm-up

4:30 - 8:00

Rotations

### SATURDAY - October 7

8:00 - 10:00

Sessions on Gym floor for Coaches and Judges

10:00 - 10:30

Warm-up

10:30 - 6:30

Rotations - lunch provided for athletes and volunteers

### SUNDAY - October 8

9:00 - 12:00

Sessions for Coaches and Judges

9:00 - 9:30

Warm-up

9:30 - 10:50

Rotations

10:50 - 12:00

Open Gym

12:00 - 12:30

Closing of Camp

**COST: \$50.00 per coach or judge** (discounts if bringing athletes)

***Camps open to all USAG Professional Members.***

## **VOLUNTEERS:**

No fee is required to attend camp and you will be eligible for apparel if your athlete qualifies to JO National

**MAIL ALL FORMS WITH FEES TO: Debby Kornegay**

394 Stonebridge Road, Birmingham, AL 35210

# REGION 8 TRAINING CAMP 2006

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## CLINICIAN APPLICATION

If you will have coaches at the training camp and would like to offer their services to assist as clinicians, please fill in the form below. **THIS IS A VOLUNTARY POSITION.** Clubs will be notified in advance if services will be required. Thank you for your offer! Please plan to work the entire camp.

NAME OF GYM: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

NIGHT PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ @ \_\_\_\_\_

If you would like confirmation of receipt of entry and acceptance to Training Camp please provide email address

**I give my permission for the above information to be used in the Region 8 Address book.**

Signature

### TRAINING CAMP YOUR COACHES WILL BE ATTENDING AND ARE ABLE TO WORK:

**LEVEL 9, 10 & ELITE**  
**October 6-8, 2006**  
Suwanee, GA  
**Ultimate Gymnastics**

NAME OF COACHES ATTENDING CAMP FROM YOUR GYM:

1. \_\_\_\_\_ USAG# \_\_\_\_\_ 2. \_\_\_\_\_ USAG# \_\_\_\_\_

DID YOU HAVE GYMNASTS AT LEVEL 10 OR 9 NATIONALS IN 2006?  YES  NO

DID YOU HAVE GYMNASTS AT LEVEL 10 OR 9 REGIONALS IN 2006?  YES  NO

IS THERE AN EVENT(S) THAT THE COACHES WOULD **NOT** WANT TO BE ASSIGNED TO?

1. \_\_\_\_\_ 2. \_\_\_\_\_

**PLEASE SEND THIS FORM IN BY: September 21 (Lev. 9, 10 & Elite)**

**TO:** Debby Kornegay, 394 Stonebridge Road, Birmingham, AL 35210 (205) 951-0184

**Thank you for offering to help! Your assistance will be greatly appreciated!** You will be contacted with your event and day approximately 30-45 days prior to the Camp date. Everyone who volunteers that had an athlete at Level 9 Regionals or above will be assigned to work! All proceeds from these events will go to the 2006 Region 8 Apparel Fund.

**Support your Region - Support your athletes - Volunteer to work today!**

Clubs that have coaches work the camps will be eligible to receive apparel if they have athletes qualify to Nationals in 2007. Clubs who do not work and contribute at least \$1000.00 will also be eligible to receive apparel if athletes qualify to Nationals!

# TRAINING CAMP REGISTRATION FORM

## FOR COACHES & JUDGES WITHOUT PARTICIPATING GYMNASTS

NAME \_\_\_\_\_  COACH  JUDGE

USAG# \_\_\_\_\_ EXP DATE \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAY PHONE \_\_\_\_\_ FAX \_\_\_\_\_

NIGHT PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ @ \_\_\_\_\_

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\_\_\_\_\_  
Signature

**COST: \$50.00**

**Make checks payable to REGION 8 USA GYMNASTICS**

**LEVEL 9, 10 & ELITE CAMP** (Suwana, GA) **DEADLINE 9/1/06 - \$10 Late Fee after September 21, 2006**

**FIRST COME, FIRST SERVE**

# TRAINING CAMP REGISTRATION FORM

## FOR VOLUNTEER JUDGES Please plan to work entire camp

NAME \_\_\_\_\_ RATING \_\_\_\_\_

USAG# \_\_\_\_\_ EXP DATE \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAY PHONE \_\_\_\_\_ FAX \_\_\_\_\_

NIGHT PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ @ \_\_\_\_\_

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\_\_\_\_\_  
Signature

You will be actively working on the floor. Please check below any event(s) that the judge would **NOT** want to be assigned to?  VAULT  BARS  BEAM  FLOOR

**COST: FREE - If assigned to work camp**

**LEVEL 9, 10 & ELITE CAMP** (Suwana, GA) **DEADLINE 9/21/06 - FIRST COME, FIRST SERVE**

**MAIL OR FAX TO: Debby Kornegay, 394 Stonebridge Road, Birmingham, AL 35210 (205) 951-0184**