

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 _____ @ _____

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

COST: \$50.00

Make checks payable to REGION 8 USA GYMNASTICS

- LEVEL 8 & 9 CAMP** (Melbourne, FL [7/27-29/07]) **DEADLINE 7/7/07 - FIRST COME, FIRST SERVE**
- LEVEL 9, 10 & ELITE CAMP** (Winston-Salem, NC [10/5-7/07]) **DEADLINE 9/1/07 - 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: _____
HOME PHONE _____ FAX _____ CELL _____
WORK PHONE _____ EMAIL _____ @ _____

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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

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