

ELITE CLINIC & COMPULSORY TESTING ENTRY FORM

DECEMBER 14-16, 2007

Orlando Metro - Orlando, FL



FEE: Clinic
Testing

\$75.00
\$100.00



Deadline: December 1, 2007 \$25 late fee per gymnast

Entry on first come basis so ENTER EARLY

Team Name: _____ Club USAG #: _____

Phone: _____ Email: _____ @ _____

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 | Testing | Date of Birth |
|-----------------|-----------|--------|---------|---------------|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |
| 5) | | | | |
| 6) | | | | |
| 7) | | | | |
| 8) | | | | |
| 9) | | | | |
| 10) | | | | |

Number of **GYMNASTS** for

Clinic _____ x \$75.00 = _____

Testing _____ x \$100.00 = _____

Late fee per gymnast _____ x \$25.00 = _____

Coaches & Judges without athletes attending _____ x \$50.00 = _____

BREVET JUDGES - NO CHARGE

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: Toni Rand • 6805 Lyons Technology Circle, Coconut Creek, FL 33073
OR FAX TO: (954) 725-9157