

# 2007 REGION 8 TRAINING CAMP

## Level 9, 10 & Elite

October 5-7, 2007

Salem Gymnastics  
Winston Salem, North Carolina

**Open to all Level 9, 10 & Elite athletes who qualified to Regionals.**

**NOTE: Level 9 athletes who competed ONLY at State are NOT ELIGIBLE FOR THIS CAMP**

### HOTEL INFORMATION

#### WINGATE INN

125 South Main St.  
Winston-Salem, NC 27101  
1-336-714-2800  
**RATE: \$89.00**

#### HOLIDAY INN SELECT

5790 University Pkwy.  
Winston-Salem, NC 27105  
1-336-767-9595 • 1-800-553-9595  
**RATE: \$84.00 Double/Double  
\$90.00 King**

Ask for Region 8 Gymnastics Training Camp Rate

**Schedule different for ALL camps.**

**COST: \$130.00 per athlete** (includes camp, lunch on Sat. and T-shirt)  
**\$50.00 per coach or judge** (discounts if bringing athletes)

**PROVIDE EMAIL INFORMATION FOR CONFIRMATION OF ENTRY AND FINAL SCHEDULE**

**Camps will fill on a first-come basis.**

Registration forms are available at Regionals and in Region 8 newsletter. There will be **NO** direct mailing to clubs.

***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 Nationals!**

**MAIL ALL FORMS WITH FEES TO: Debby Kornegay**  
394 Stonebridge Road, Birmingham, AL 35210

# REGION 8 TRAINING CAMP 2007

22

## 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 5-7, 2007  
SALEM GYMNASTICS  
Winston-Salem, NC

NAME OF COACHES ATTENDING CAMP FROM YOUR GYM:

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

DID YOU HAVE GYMNASTS AT LEVEL 10 OR 9 NATIONALS IN 2007?  YES  NO

DID YOU HAVE GYMNASTS AT LEVEL 10 OR 9 REGIONALS IN 2007?  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 1 (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 2007 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 2008. Clubs who do not work and contribute at least \$1000.00 will also be eligible to receive apparel if athletes qualify to Nationals!*

# REGION 8 TRAINING CAMP

## LEVEL 9, 10 & ELITE CAMP

October 5-7, 2007

SALEM GYMNASTICS • Winston- Salem, NC

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

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

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

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

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

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

If your coach is not planning to attend,  
please designate 1 person to pick up all packets for your team: \_\_\_\_\_

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GYMNAST	USAG#	DOB	AGE	CURRENT LEVEL	2007 REGIONAL/ STATE SCORE	T-Shirt SIZE	FEE \$130.00

**PETITION: Must fill out separate petition form**

**(Region 8 Petition Form for Level 9/10 Regionals) and mail to Marian Dykes and Paul Padron.**


COACHES ATTENDING Additional fee to attend Optional Update	USAG#	Clubs with gymnasts attending COACHES - \$25 Each

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

\_\_\_\_\_  
Signature

**FIRST COME - FIRST SERVE!**

\$25.00 processing fee on all refunds -  
refunds will only be given if gymnast can be replaced  
*No refunds within two weeks of Training Camp*

Please make checks payable to: **REGION 8 USA GYMNASTICS**

**TOTALS \$** \_\_\_\_\_

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

# TRAINING CAMP REGISTRATION FORM

## FOR COACHES & JUDGES WITHOUT PARTICIPATING GYMNASTS

NAME \_\_\_\_\_  COACH  JUDGE  
USAG# \_\_\_\_\_ EXP DATE \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
DAY PHONE \_\_\_\_\_ FAX \_\_\_\_\_ CELL \_\_\_\_\_  
NIGHT PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ @ \_\_\_\_\_

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

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\_\_\_\_\_  
Signature

**COST: \$50.00**

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

**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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\_\_\_\_\_  
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** (Winston-Salem, NC [10/5-7/07]) **DEADLINE 9/1/07 - FIRST COME, FIRST SERVE**