

ELITE CLINIC & COMPULSORY TESTING ENTRY FORM

DECEMBER 19-21, 2008

American Twisters -Coconut Creek, FL



FEE: Clinic \$75.00
 Testing \$50.00
 Clinic and Testing \$100.00



Deadline: December 1, 2008 \$25 late fee per gymnast

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 \$50.00 = _____

Clinic and 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: Kelly Pitzen • 1113 Citrus Tower Blvd., Clermont, FL 34711

OR FAX TO: (352) 429-8475