

REGION 8 TRAINING CAMP

CHECK ONE:

REGIONAL TEAM CAMP

St. Petersburg, FL
July 24-26, 2009

LEVEL 8, 9, & 10 CAMP

Atlanta, GA
October 2- 4, 2009

**Must use form with
Invitation for
NATIONAL TEAM CAMP**

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: _____

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

GYMNAST	USAG#	DOB	AGE	2009 LEVEL	2009 REGIONAL 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 Brad Harris.**

COACHES ATTENDING	USAG#	Clubs with gymnasts attending COACHES -\$100.00 Each

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

FIRST COME - FIRST SERVE!

TOTALS \$ _____

\$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

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

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