



ELITE COMPETITION ENTRY FORM

CHECK ALL THAT APPLY



December 19 Testing Competition
Orlando Metro, Orlando, FL \$75.00
DEADLINE: NOVEMBER 20, 2003

December 20-21 Clinic
Orlando Metro, Orlando, FL \$100.00
DEADLINE: NOVEMBER 20, 2003

Elite Regional Meet _____

Site: _____

Team Name: _____ Date: _____

Club USAG #: _____ Phone: _____

Team Address: _____ Fax #: _____

City: _____ State: _____ Zip: _____

1. Coach _____ USAG # _____ Exp. Date _____ Safety Exp. Date _____

2. Coach _____ USAG # _____ Exp. Date _____ Safety Exp. Date _____

3. Coach _____ USAG # _____ Exp. Date _____ Safety Exp. Date _____

4. Coach _____ USAG # _____ Exp. Date _____ Safety Exp. Date _____

Competitor Name	Athlete Registration #	COMP	CLINIC	Date of Birth
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				

Number of **GYMNASTS for Clinic** _____ x \$100.00 = _____

Number of **GYMNASTS for Competition** _____ x \$75.00 = _____

TOTAL AMOUNT \$ _____

Number of **Coaches and Judges** for Clinic (Please fill out and return if you are attending) _____ **FREE**

MAKE CHECK PAYABLE TO REGION 8 USAG. ONE CHECK PER CLUB. NO PERSONAL CHECKS.

ELITE MEET - 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) 755-1750