

# ELITE CLINIC & COMPULSORY TESTING ENTRY FORM

DECEMBER 16-17, 2006

Orlando, FL



FEE: Clinic  
Testing

\$75.00  
\$100.00



Deadline: December 1, 2006 \$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