2008 TRAINING CAMP REGISTRATION FORM

TEAM NAME_____PHONE_____

ADDRESS_____FAX_____

CITY_____ STATE_____ZIP_____

EMAIL_____

Circle One: #1 Kansas City #2 Minneapolis High Performance

GYMNAST/COACH/JUDGE	USAG #	LEVEL	LAST YEAR*	AGE	T-SHIRT

- Under “Last Year” list the highest meet they competed in. i.e. L7 State or L10 Regionals.

(If they were injured please explain)