REGION 5 USA GYMNASTICS SUPER CAMP ENTRY 2009

AUGUST 7-9 East QUEEN CITY, OH____ West NAPERVILLE GYM,IL____

CLUB NAME_____ PHONE_____
ADDRESS_____ FAX_____
CITY_____ STATE_____ ZIP_____
EMAIL_____

COACHES WORKING CAMP/ EVENT
1_____ Email_____

2_____ Email_____

3_____ Email_____

ATHLETE NAME	2009 LEVEL	National qual	AGE	DOB	USA #	TSHIRT yl, as-al

SUPER CAMP CRITERION: TRAINING LEVEL 7-8-9-10 Skills for 09-10 Season
ONE CHECK PER CLUB $100 PER GYMNAST PAYABLE TO **REGION 5 APPAREL FUND**
MAIL TO: Libertyville Gymnastics Academy 2610 Commerce Drive, Libertyville Il 60048
ATTN David Rawles Camp entry
CAMP CLOSES 14 DAYS PRIOR TO CAMP DATE/ COMPLETE ENTRIES ONLY ACCEPTED

Date Received_____ Check #_____ Amount_____

REGION 5 USA GYMNASTICS HOT SHOT CAMP ENTRY 2009

HOT SHOT CAMP September 11-13 2009 INTEGRITY GYMNASTICS, OH

CLUB NAME_____ PHONE_____
ADDRESS_____ FAX_____
CITY_____ STATE_____ ZIP_____
EMAIL_____

COACHES WORKING CAMP/ EVENT
1_____ Email_____

2_____ Email_____

3_____ Email_____

ATHLETE NAME	2009 LEVEL	National qual	AGE	DOB	USA #	TSHIRT yl, as-al

HOT SHOT CRITERION: 12 years and under(camp date) ***Vault***: 9.0 handspring ***Bars:*** kip cast hs,single bar giant,cast flyaway. ***Beam:*** Roundoff, flic flac on hi-beam ***Floor:*** strong layout, front handspring-front
ONE CHECK PER CLUB **$100** PER GYMNAST PAYABLE TO **REGION 5 APPAREL FUND**
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REGION 5 USA GYMNASTICS HIGH TECH CAMP ENTRY 2009

HIGH TECH CAMP October 2-4 UNIVERSITY OF MICHIGAN, ANN ARBOR, MI

CLUB NAME_____ PHONE_____
ADDRESS_____ FAX_____
CITY_____ STATE_____ ZIP_____
EMAIL_____

COACHES WORKING CAMP/ EVENT
1_____ Email_____

2_____ Email_____

3_____ Email_____

ATHLETE NAME	2009 LEVEL	National qual	AGE	DOB	USA #	TSHIRT yl, as-al

HIGH TECH CRITERION: RANK ORDER: ELITE, J.O NATIONAL QUALIFIER, 10 REGIONAL
ONE CHECK PER CLUB **$100** PER GYMNAST PAYABLE TO **REGION 5 APPAREL FUND**
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REGION 5 USA GYMNASTICS FORWARD PROGRESS 2009

November 6-8 South SOUTHERN INDIANA GYM_____ North BRANCH GYMNASTICS, MI _____

CLUB NAME_____ PHONE_____
ADDRESS_____ FAX_____
CITY_____ STATE_____ ZIP_____
EMAIL_____

COACHES WORKING CAMP/ EVENT
1_____ Email_____

2_____ Email_____

3_____ Email_____

ATHLETE NAME	2009 LEVEL	National qual	AGE	DOB	USA #	TSHIRT yl, as-al

FORWARD PROGRESS CRITERION: LEVEL 9 or 10 2008-2009 Season Level 8's excepted if camp # will allow first paid first in
ONE CHECK PER CLUB **$100** PER GYMNAST PAYABLE TO **REGION 5 APPAREL FUND**
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CAMP CLOSES 14 DAYS PRIOR TO CAMP DATE/ COMPLETE ENTRIES ONLY ACCEPTED

Date Received_____ Check #_____ Amount_____