

NAWGJ REGIONAL SYMPOSIUM/TRAINING CAMP REGISTRATION FORM

FOR COACHES & JUDGES WITHOUT PARTICIPATING GYMNASTS

NAME _____ COACH JUDGE

USAG# _____ EXP DATE _____

MAILING ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE _____ FAX _____

NIGHT PHONE _____ EMAIL _____ @ _____

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

COST: \$50.00

Make checks payable to REGION 8 USA GYMNASTICS

NATIONAL TEAM CAMP/NAWGJ SYMPOSIUM (Atlanta, GA [9/12-14/08]) **DEADLINE 8/25/08**- FIRST COME, FIRST SERVE