



# FALL ADVENTURE

## PREPARATION CAMP

PART TRAINING, PART CAMP, ALL FUN

OCTOBER 26-28 or  
NOVEMBER 2-4, 2007

{ ALL FEES must be in by October 1,  
2007 or your spot will be released. }

CLUB: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 CLUB PHONE: \_\_\_\_\_  
 DAY PHONE: \_\_\_\_\_  
 FAX NUMBER: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 USAC CLUB NUMBER: \_\_\_\_\_

PLEASE CIRCLE WEEKEND ATTENDING:

\* October 26-28, 2007

\* November 2-4, 2007

COACH 1:	USAC#:	SAFETY EXP. DATE:
COACH 2:	USAC#:	SAFETY EXP. DATE:
COACH 3:	USAC#:	SAFETY EXP. DATE:
COACH 4:	USAC#:	SAFETY EXP. DATE:
COACH 5:	USAC#:	SAFETY EXP. DATE:

NAME	USAC#	LEVEL	AGE GROUP	DATE OF BIRTH	T-SHIRT SIZE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

MAKE & MAIL      *Flip Fest*  
 CHECK TO:        *PO Box 53545*  
                          *Knoxville, TN 37950*

NUMBER OF GYMNASTS: \_\_\_\_\_ x \$225.00 =  
 NUMBER OF T-SHIRTS: \_\_\_\_\_ x \$15.00 =

EVERY ATHLETE must have an individual release form attached to this entry form.  
 MAKE COPIES as necessary.

TOTAL: