

# LAKE FRANCES FALL ADVENTURE PREP CAMP

November 13-15, 2009

**All Fees** must be in by October 15, 2009 or your spot will be released

CLUB:
ADDRESS:
CITY, STATE, ZIP:
CLUB PHONE:
DAY PHONE:
FAX NUMBER:
EMAIL:
USAG CLUB NUMBER:

Coach 1:	USAG#:	Safety Exp. Date:
Coach 2:	USAG#:	Safety Exp. Date:
Coach 3:	USAG#:	Safety Exp. Date:
Coach 4:	USAG#:	Safety Exp. Date:
Coach 5:	USAG#:	Safety Exp. Date:

8 or more gymnasts = 1 free coach. Each additional coach is \$50

	NAME	USAG#	LEVEL	AGE GROUP	D.O.B.	T-SHIRT SIZE
1						
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25						

Make & mail check to:  
**Flip Fest Properties**  
 272 Lake Frances Road  
 Crossville TN 38571

Number of Gymnast _____	x	\$ 225.00	=	
Number of T-shirts _____	x	\$ 15.00	=	
TOTAL				

Make Copies as Necessary

\*\* EVERY ATHLETE MUST HAVE AN INDIVIDUAL RELEASE FORM ATTACHED TO THIS ENTRY FORM.

