

Region 2 TnT Benefit Camp

Entry Form

Woodward West, September 5-7, 2009

Please complete one form per family consisting of athletes attending or one form per club consisting of personal coaches attending. **USAG # is required!!!**

Gym Name _____

Gym Email Address _____

Gym Phone _____

Gym Contact Person _____

Participant Name	age	M / F	Choose One		Competitive Level			USAG#	Email Address
			coach	athlete	TR	TU	DM		
1.									
2.									
3.									
4.									
5.									
6.									

Please indicate with * if qualified to the Final Selection Event or a member of the Jr or Sr National Team

Athletes _____ @ \$250 \$ _____

#Coaches _____ @ \$100 \$ _____

Total Enclosed \$ _____

Please make checks payable to [USGF Region 2 Trampoline](#)

All checks will be cashed after the registration deadline of Friday, July 24, 2009

Send Check and entry form to:

Karl Ziehn

18531 Mayall St. #F

Northridge, Ca. 91324

(510) 334-0674

zcraziness@yahoo.com