THE ELMIRA SPRING FLING
REGISTRATION FORM

Horseheads Middle School Field House
950 Sing Sing Road
Horseheads, NY 14845

April 4 and 5th 2009
(Exact times will be determined after entries are received.)

Club USAG # _____ Club Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ Email (please)____ _____

Coach USAG # _____ Name _____ Safety Exp Date _____
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Must present card at sign-in
PLEASE ARRANGE GYMNAST BY LEVEL

First Name	Last Name	Date of Birth	USAG#	Level

Entry Fees:
Levels 4-6 _____ @ $65.00 / gymnast = _____
Levels 7-10 _____ @ $75.00 / gymnast = _____
One time team fee $40.00 _____ (fee waived if entries are received before 2/6/09)
_____ TOTAL Submitted

- Entry deadline: 3/7/09 Scratch deadline 3/21/09. No refunds after scratch deadline.
- Entries can be faxed to 607-739-3457 or mailed to Dave Sherman 1523 W Water St Elmira, NY 14905
- Makes checks payable to EGCPO. ***Payment must accompany registration form***
- Questions:

Elmira Gymnastics Club
607-733-0145
Dave Sherman
dsherman@stny.rr.com

Meet Chairpersons:
Margaret Thoma
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