

**National TOP B Camp – Acceptance Form**

NAME OF ATHLETE:  
Please print clearly

Deadline to accept/decline this invitation: **October 13, 2009**

**National TOP "B" Training Camp  
December 6-10, 2009**

\_\_\_\_\_ I ACCEPT THE INVITATION AND WILL COMPLY WITH THE  
RULES AND RESPONSIBILITIES OF THIS EVENT.

\_\_\_\_\_  
Signature Athlete (accept)      Date      USGF #

City of Departure \_\_\_\_\_

Name of Club \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
Club email

\_\_\_\_\_  
Signature Coach (accept)      Date      USGF #

\*\*\*\*\*

**A coach MUST accompany each athlete**

Name of Coach Attending with Athlete \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ **Please print clearly**  
Check one

Coach USAG# \_\_\_\_\_ Safety Certification Exp Date \_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_ I must DECLINE this appointment.

\_\_\_\_\_  
Date      Signature Athlete (decline)

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Please Return to:      USA Gymnastics - Attn: Gary Warren  
201 S. Capitol, Suite 300  
Indianapolis, IN 46225  
FAX (317) 237-5069

**Training Camp fees are \$550 per athlete. This includes local  
transportation, instruction, housing, meals and National Top "B" Team  
Jacket. Room and board fees for coaches are \$280. This includes local  
transportation, housing and meals.**

\_\_\_\_\_  
credit card#      exp date

\_\_\_\_\_  
Name of Credit Card Holder      Phone number

**Credit card is to cover what expenses?**

\_\_\_\_\_