



## 2017 Future Stars Workshop Information

Location: Kids Sports USA – Attention: Cindy Scharns  
 6712 Financial Parkway  
 Kalamazoo, MI 49009  
 Tel: 269-544-3000

### Dates/Times

- **Every Gymnast must have a current USAG Membership**
- **Personal Coaches may only observe, unless their USAG Membership is current**
- **New for 2017. Non-Competitive 10-13 yr olds will participate on Saturday. Sunday will be for ONLY 10-13 yr olds who plan on testing in October**

#### Saturday – September 09, 2017

- **Gymnasts** Ages 8yrs old and 9yrs old  
10-13yrs old Non-Compete  
 12:30p-12:45p Gymnast Check-in  
 12:45p-6:30p Event Rotations
- **Parents** Parent Education Sessions  
 1:00p-3:00p (4 topics – 30mins each)
- **Coaches** Coaches Clinics  
 9:00a-11:00a Clinic #1
  - F/S Updates
  - JO and T/S Updates
 4:00p-6:00p Clinic #2
  - Skill development
  - Skill development

#### Sunday – September 10, 2017

- **Gymnasts** Ages 10 - 13yrs old  
 8:45a-9:00a Gymnast Check-in  
 9:00a-12:30p Event Rotations  
 12:30p-2:00p Lunch Break  
 2:00p-5:30p Event Rotations
- **Parents** Parent Education Sessions  
 10:00a-12:00p (4 topics – 30mins each)
- **Coaches**
  - Coaches rotate through event rotations

### **Limited Space Available (1<sup>st</sup> come 1<sup>st</sup> registered - registration not guaranteed)**

Registration fees:	Early* (on or before August 25)	Late (after August 25)	Onsite (weekend of event)
8 -9yrs old and Non-Compete	\$55.00	\$70.00	\$90.00
10-13yrs old	\$75.00	\$90.00	\$110.00

\* For Early Registration Fees, registrations must be received with full payment by August 24.

**USAG reservations and email registration forms will not be processed until full payment is received**

**Make check payable to: USAG Region 5 Men's Gymnastics**

Refund Polices: Full refund before Aug 13, 2017. Refunds requested after Aug 13, 2017 will be given for only medical issues and need to have a Doctor's letter.



# 2017 Future Stars Workshop Registration Form

Date Entry Received: \_\_\_\_\_

**Complete all sections of the registration form!**

Club Name		Club USAG #		Club Telephone #	
Street Address			City		State
Contact Name			Email Address		

Coaches Name	USAG Pro #	Safety Exp	Bkgr Exp	U100 (Y/N)	U110 (Y/N)
*					
*					
*					

\* Coaches without current USA Gymnastics Memberships, may only observe at the stations

Gymnast Name	USAG #	DOB	Age as of 8/31/18	Tested 2016?	Planning to test 2017?	2016/17 JO Level	JO/JE	Reg or Nat team
John Doe	000001	1/1/02	12	Y/N	Y/N	L8	JE	REG5

\*\*\* Make check payable to:  
**USAG Region 5 Men's Gymnastics**

Mail registration to: Region 5 Men's Gymnastics  
2101 Theda Lane  
Rolling Meadows, IL 60008

**8-9yrs old, and 10-13 Non-Compete**

# of Gymnasts	Registration Fee	Total
	\$	\$

**8-9 & 10-13 combined total: \$** \_\_\_\_\_

Official Use: Check #: \_\_\_\_\_  
Date Check Received: \_\_\_\_\_

**10-13yrs old**

# of Gymnasts	Registration Fee	Total
	\$	\$