

# 2017 Virginia Judges Cup Critique Clinic For Compulsory & Optional Gymnasts

**HOST: VIRGINIA NATIONAL ASSOCIATION OF WOMENS GYMNASTICS JUDGES**

The VA Judges are so excited to offer all our VA Clubs an opportunity for coaches and athletes to work in small groups with judges. This clinic will assist coaches & athletes to better understand how to improve routines presented in competition & scores for the upcoming season.

**DATE: SUNDAY, NOVEMBER 5<sup>th</sup>, 2017**

**LOCATION: APOLLO GYMNASTICS**

12700 Apollo Drive

Woodbridge, VA 22192

[www.apollogymnasticsva.com](http://www.apollogymnasticsva.com)

(703) 580-9144

**TIME: SESSIONS TO BE ANNOUNCED**



**COST: \$100.00/GYMNAST – INCLUDES FREE CUSTOM DREAMLIGHT LEOTARD**

NOTE: COACH ATTENDS FREE WITH REGISTERED ATHLETE(S) OR

**\$75.00/COACH IF ATTENDING W/OUT ATHLETES- INCLUDES FREE SHIRT FOR ALL COACHES ATTENDING.**

**REGISTRATION: PLEASE USE THE USA GYMNASTICS MEET REGISTRATION SYSTEM ONLINE AT [WWW.USAGYM.ORG](http://WWW.USAGYM.ORG).**

**SEND COMPLETED FORMS WITH PAYMENT TO:**

ANNE FOSTER

c/o: CAG • 14088-K SULLYFIELD CIRCLE • CHANTILLY, VA 20151

EMAIL: [AEFSTARS@AOL.COM](mailto:AEFSTARS@AOL.COM)

PHONE: 703-378-4284

**ENTRY**

**DEADLINE: OCTOBER 4<sup>TH</sup>, 2017**

**LATE FEE: \$10.00/GYMNAST – AFTER 10/4/17. LATE ENTRIES ARE NOT GUARANTEED A LEOTARD.**

**REFUNDS: NO REFUNDS AVAILABLE. SUBSTITUTIONS ARE ON A CASE BY CASE BASIS.**

**REGISTRATION IS AVAILABLE ONLINE AT [WWW.USAGYM.ORG](http://WWW.USAGYM.ORG) USING THE MEET RESERVATION SYSTEM  
APPAREL FORMS MUST ACCOMPANY PAYMENTS. LEOTARDS FOR GYMNASTS & SHIRTS FOR COACHES.**

# VA JUDGES CUP CRITIQUE APPAREL ORDER FORM – MUST BE COMPLETED & MAILED WITH PAYMENT.

**\*LATE ENTRIES ARE NOT GUARANTEED A LEOTARD OR SHIRT.** \*PLEASE USE DREAMLIGHT SIZING CHART HERE: [DREAMLIGHT LEOTARD SIZING INFORMATION](http://www.dreamlightusa.com/pdf/Dreamlight%20Sizing%20Information.pdf) OR COPY AND PASTE THE FOLLOWING LINK INTO YOUR BROWSER: <http://www.dreamlightusa.com/pdf/Dreamlight%20Sizing%20Information.pdf>

**GYM NAME:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_ **CELL PHONE #:** \_\_\_\_\_

***YOU MAY USE THIS FORM OR USE AN EXCEL FORM OF YOUR OWN WITH THIS FORMAT – THANK YOU!***

LEVEL	GYMNAST NAME	DREAMLIGHT LEO SIZE		LEVEL	GYMNAST NAME	DREAMLIGHT LEO SIZE
LEVEL	COACHES NAME		T-SHIRT SIZE			