

DEFINITIVE ENTRY

This entry must be returned to the Organizing Committee by 1 May 2009

Country / Club: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Delegation Information – indicate the number of each position in your delegation

Head of Delegation: _____

Judge: _____

Team Manager: _____

Coach: _____

Physiotherapist: _____

Additional Visitors: _____

AGAGC WP: _____

JUNIOR WP: _____

AGAGC MP: _____

JUNIOR MP: _____

AGAGC MXP: _____

JUNIOR MXP: _____

AGAGC WG: _____

JUNIOR WG: _____

AGAGC MG: _____

JUNIOR MG: _____

SENIOR WP: _____

SENIOR MP: _____

SENIOR MXP: _____

SENIOR WG: _____

SENIOR MG: _____

Travel Itinerary

Airport: _____

Number of people: _____

ARRIVAL: Airline and Flight No.: _____

Date / Time: _____

DEPARTURE: Airline and Flight No.: _____

Date / Time: _____

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Country / Club: _____

Entry Fee

No. of Athletes: _____ X US\$ 150 = US\$ _____

Hotel Reservations

Hotel Reservation pricing for the event nights of 07-12 July 2009. Please specify number of rooms per night

ROOM	PRICE	07- July	08- July	09- July	10- July	11- July	12- July	TOTAL NUMBER OF ROOM NIGHTS	TOTAL
Quad	US\$ 125 per person							____ X US\$ 125 X 4	US\$ _____
Triple	US\$ 150 per person							____ X US\$ 150 X 3	US\$ _____
Double	US\$ 175 per person							____ X US\$ 175 X 2	US\$ _____
Single	US\$ 200 per person							____ X US\$ 200	US\$ _____

TOTAL AMOUNT TO BE PAID WITH DEFINITIVE ENTRY: US\$ _____

***** 100% Entry fees and 50% of the accommodations payment due 1 May 2009. Payment may be made by wire transfer or credit card payment.**

Bank Information for Federations to Wire Payment: All Payments Made to USA Gymnastics

Bank Name: National City Bank of Indiana	ABA Number: 074000065
Account Name: United States Gymnastics Federation	Account Number: 03087318
Bank Address: Indianapolis, IN, USA	Swift Code: NATCUS33
With Mention: Freedom Cup [nation/club]	

Credit Card Information Select one: Visa Mastercard Discover American Express

Credit Card Number _____ Expiration date: (dd/mm/yr) _____

Name as stated on Credit card _____ Amount to be charged: USD \$ _____

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Additional Payments

CLOSING PARTY TICKETS – Only for additional visitors and for all members of delegations not booking accommodations through the Organizing Committee

PRICE	NUMBER OF TICKETS	TOTAL
US\$ 40 per person	_____ X US\$ 40	US\$ _____

ACCREDITATION FEE - Only for delegations not booking hotel accommodations through the Organizing Committee

PRICE	NUMBER OF PEOPLE IN DELEGATION	TOTAL
US\$ 65 per person	_____ X US\$ 65	US\$ _____

***** 100% of additional payments are due 1 June 2009**

Official Signature, Date

<p>FAX COMPLETED FORM BY 1 May 2009 TO: USA GYMNASTICS - ATTENTION: TOM HOUSLEY</p>	<p>FAX: +1 317 237 5069</p>
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