



Office Use:

## 2017 Ohio State Optional Clinic

**September 30 - October 1, 2017 | For OHIO Optional Boys Competing JD & Levels 8-10**  
**\$75.00 per gymnast (checks payable to Kids First Sports) | Registration & Payment due Sept. 18th**

@ Kids First Sports, Hosted by Queen City Gymnastics  
 7900 E Kemper Rd. Cincinnati, OH 45249  
 O: 513/489-7575 | F: 513/489-9761 | M: 513/680-5024

**Check-in:** September 30 at 12:00pm  
**Dismiss:** October 1 at 3:00pm  
*Dinner, Treat, Breakfast & Lunch will be provided*

### REGISTRATION FORM - TEAM ROSTER

**COACH NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  **ATTENDING**  
 **NOT ATTENDING**

**CLUB NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

### ATHLETES INFORMATION:

NAME:	AGE:	COMPETING LEVEL:	SLEEPING OVER:
.....	.....	.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
.....	.....	.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
.....	.....	.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
.....	.....	.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
.....	.....	.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
.....	.....	.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
.....	.....	.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
.....	.....	.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
.....	.....	.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
.....	.....	.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
.....	.....	.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
.....	.....	.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
.....	.....	.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
.....	.....	.....	<input type="checkbox"/> YES <input type="checkbox"/> NO

**SPECIAL PRESENTATION BY SEAN SAWYER, PLEASE LIST COMMENTS AND/OR SUGGESTIONS...**